MEETING OF THE BOARD OF DIRECTORS IN PUBLIC

Gateshead Health NHS Foundation Trust

Date: Wednesday 25th January 2023
Time: 9:30 am
Venue: Rooms 9&10, Education Centre/Teams

AGENDA

	TIME	ITEM	STATUS	PAPER
1.	9:30 am	**Welcome and Chair's Business**		
2.	9:33 am	**Declarations of Interest** To declare any pecuniary or non-pecuniary interests *Check – Attendees to declare any potential conflict of items listed on the agenda to the Company Secretary on receipt of agenda, prior to the meeting*	Declaration	Verbal
3.	9:35 am	**Apologies for Absence** *Quoracy check: (s3.3.31 SOs: No business shall be transacted at a meeting unless a minimum of **4** members of the Board (including at least **one** Non-Executive and **one** Executive Member of the Board are present)*	Agree	Verbal
4.	9:40 am	**Minutes of the meeting held on 30 November 2022** To be agreed as an accurate record	Agree	Enclosure 4
5.	9:42 am	**Matters Arising / Action Log**	Update	Enclosure 5
6.	9:45 am	**Patient & Staff Story** • Improving outcomes/experiences at crisis point for autistic women with a later-life diagnosis	Assurance	Presentation
		ITEMS FOR DECISION		
7.	10:00 am	**Enabling Strategies** To ratify enabling strategies i. Digital Strategy	Approval	Enclosure 7
		ITEMS FOR ASSURANCE		
8.	10:10 am	**Assurance from Board Committees** i. Finance and Performance Committee – 29 November 2022, 20 December & 24 January 2023 ii. Quality Governance Committee – 21 December 2022 iii. Digital Committee – 15 December 2022 iv. POD Committee – 17 January 2023 v. Audit Committee – 1 December 2022	Assurance	Enclosure 8
9.	10:30 am	**Chief Executive's Update Report** To receive a briefing report from the Chief Executive	Assurance	Presentation
10.	10:45 am	**Governance Reports** i. **Corporate Objective Delivery** ii. **Board Assurance Framework** iii. **Organisational Risk Register** To receive the reports presented by the Chief Nurse	Assurance	Enclosure 10
11.	11:00 am	**Finance Update** To receive the report, presented by the Group Director of Finance and Digital	Assurance	Enclosure 11
12.	11:10 am	**Integrated Oversight Report** To receive the report, presented by the Chief Operating Officer, Chief Nurse, Medical Director and Executive Director of People and Organisational Development	Assurance	Enclosure 12

13.	11:25 am	**Data Quality Assurance Report** To receive the report, presented by the Chief Operating Officer	Assurance	Enclosure 13
14.	11:35 am	**Nurse Staffing Monthly Exception Report** To receive the report, presented by the Chief Nurse	Assurance	Enclosure 14
15.	11:45 am	**Maternity Update** i. **Maternity Integrated Oversight Report** ii. **Maternity Incentive Scheme** iii. **Maternity Continuity of Care (MCOC) Model** To receive the report, presented by the Chief Nurse	Assurance	Enclosure 15
16.	12:00 pm	**Regional Aseptics Project** To receive the report, presented by the Chief Nurse	Assurance	Enclosure 16
		ITEMS FOR DISCUSSION		
17.	12:10 pm	**Proposed Local Authority Financial Cuts – Impact Assessment** To receive the impact assessment, presented by the Chief Operating Officer	Discussion	Enclosure 17
		ITEMS FOR INFORMATION		
18.	12:25 pm	**Care Quality Commission Statement of Purpose:** To receive the report, presented by the Chief Nurse	Information	Enclosure 18
19.	12:30 pm	**Cycle of Business** To receive the cycle of business outlining forthcoming items for consideration by the Board, presented by the Company Secretary	Information	Enclosure 19
20.	12:35 pm	**Questions from Governors in Attendance** To receive any questions from governors in attendance		Verbal
21.	12:50 pm	**Date and Time of the next Meeting** The next scheduled meeting of the Board of Directors to be held in public will be Wednesday 29th March 2023 at 9:30am		Verbal
22.	12:50 pm	**Chair Declares the Meeting Closed**		Verbal
23.	12:50 pm	**Exclusion of the Press and Public** To resolve to exclude the press and public from the remainder of the meeting, due to the confidential nature of the business to be discussed		Verbal

Gateshead Health NHS Foundation Trust

Trust Board

Minutes of a meeting of the Board of Directors
held at 9.30 am on Wednesday 30th November 2022, in
Rooms 9&10, Education Centre, Queen Elizabeth Hospital and via MS Teams

Present:	
Mrs A Marshall	Chair
Mr A Beeby	Medical Director
Dr R Bonnington	Non-Executive Director
Mrs L Crichton-Jones	Executive Director of People & OD
Dr G Findley	Chief Nurse
Cllr M Gannon	Non-Executive Director
Mrs K Mackenzie	Group Director of Finance and Digital
Mr A Moffat	Non-Executive Director
Mrs Y Ormston	Chief Executive
Mrs H Parker	Non-Executive Director
Mrs M Pavlou	Non-Executive Director
Mr M Robson	Vice Chair / Non-Executive Director
Mrs A Stabler	Non-Executive Director
In Attendance:	
Mr N Black	Chief Digital Information Officer (22/178)
Mrs J Boyle	Company Secretary
Mrs J Conroy	Head of Quality and Patient Experience (22/184)
Mrs L Heelbeck	Head of Midwifery (22/181)
Mr D Holden	Director, Good Governance Institute (observation role)
Mr I Lawson	Patient (22/184)
Mrs D Renwick	Deputy Director of Planning and Performance (on behalf of Mrs J Baxter)
Ms D Waites	Corporate Services Assistant
Governors and Members of the Public:	
Ms H Adams	Staff Governor
Mrs K Tanriverdi	Public Governor – Central
Apologies:	
Mrs J Baxter	Chief Operating Officer
Mr A Robson	Managing Director QE Facilities

Agenda Item	Discussion and Action Points	Action By
22/167	**CHAIR'S BUSINESS:** The meeting being quorate, Mrs A Marshall, Chair, declared the meeting open at 9.30 am and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders. She welcomed those present including the Trust's Governors and Mr Holden, Director from the Good Governance Institute, who is observing the Board as part of their review work. Mrs Marshall highlighted that the Patient Story (Agenda Item 18) will be presented at the end of the meeting to allow Mr Ian Lawson to attend in person.	

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22/168	**DECLARATIONS OF INTEREST:** Mrs A Marshall requested that Board members present report any revisions to their declared interests or any additional declaration of interest in any of the items on the agenda.	
22/169	**APOLOGIES FOR ABSENCE:** Apologies for absence were received from Mrs J Baxter and Mr A Robson.	
22/170	**MINUTES OF THE PREVIOUS MEETING:** The minutes of the meeting of the Board of Directors held on Tuesday 27th September 2022 were approved as a correct record subject to the follow amendment (minute reference 22/141) in relation to medication errors: Mrs H Parker, Non-Executive Director, noted the increased number of medication errors and Dr Findley reported that ***this was a positive finding due to increased reporting around the time of new junior doctor intake***.	
22/171	**MATTERS ARISING FROM THE MINUTES:** The Board action log was updated accordingly. Mrs A Stabler, Non-Executive Director, requested an update on a previous query (22/136) in relation to whether the impact of ambulance diverts and delayed discharges was being reviewed. Mrs Y Ormston, Chief Executive, reported that discussions were taking place at the Local A&E Delivery Board and concerns had been raised. Other trusts have been requested to review their winter plans to ensure assumptions are aligned to these pressures.	
22/172	**CALENDAR OF BOARD MEETINGS 2023/24:** Mrs J Boyle, Company Secretary, informed the Board of the planned Board meeting dates for 2023/24. She reported that during 2023/24 the Board of Directors will hold 9 public meetings including the Annual General Meeting. Meetings will continue to follow the format of being held on the last Wednesday of the relevant month however one change has been proposed to bring the Annual General Meeting forward one week, aligned with the Council of Governors meeting, to ease diary pressures. Mrs A Marshall, Chair, highlighted that this should still allow sufficient time to enable the Annual	

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	Report and Accounts to be laid before Parliament within the specified guidance. After consideration, it was: **RESOLVED:** to approve and receive the dates of the Board of Directors' meetings to be held in 2023/24.	
22/173	**ASSURANCE FROM BOARD COMMITTEES** **Finance and Performance Committee (F&P):** Mr M Robson, Chair of the F&P Committee, noted that the Board had been appraised verbally of the key points from the September meeting at the September 2022 Board of Directors' meeting. Mr M Robson provided a verbal update on the meeting yesterday (29 November 2022) and reported that there were no items to escalate. The meeting focussed on the following areas where gaps in control and assurance have been identified: • Integrated Oversight Report – the Committee were not fully assured due to current pressures particularly around Urgent and Emergency Care targets which includes ambulance delays and incoming diverts. The deterioration in elective activity was noted and further information has been requested around remote outpatients and this will be presented at the December meeting. The Committee reviewed the workforce data and received feedback on the Quarterly Business Unit Oversight Meetings however have asked for a more formal outcome to ensure assurances are linked. • Finance report – the Committee noted the deficit position however acknowledged improvements in-month. Greater assurance was provided around the main risks in relation to financial outturn including agency and bank spend, cost reduction plans, cash savings, and discretionary spend. Forecast details will be presented in the Month 9 report expected at the January meeting. • Cost reduction plans – reported as partial assurance. • Pay award – reported as partial assurance. • Capital plan – partial assurance was provided due to the slippage around the New Operating Model and risk to price increases. Further information has been requested in relation to themes which will include the additional impact of the Community Diagnostic Centre business case. • Financial forecasting – the Committee acknowledged the worsening financial position and felt that it would be useful to receive further information on control measures particularly around consultancy spend and reducing the workforce gap.	

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	• QE Facilities Financial Report – the Committee received information on contract variations and were fully assured that there were no gaps in controls. Mrs A Stabler, Non-Executive Director, highlighted that she joined the Committee meeting in October and felt that it was useful to see the relationship between Committees. **Quality Governance Committee (QGC):** Mrs A Stabler, Chair of QGC, provided a brief verbal overview to accompany the narrative report following the October meeting and highlighted that there were no items for escalation. She drew attention to the following key points: • Duty of Candour compliance – demonstrating concern due to a recording issue, however assurance provided that this has been escalated to the Senior Management Team to support improvement • HSMR (Hospital Standardised Mortality Ratio) showed some variance however was an improved position • Patient experience and complaints - action plan in place and further update to be provided at December meeting. The Board noted that the work being undertaken to improve timeliness of responses • Health Inequalities data – work continues however it is important to demonstrate the impact through performance metrics. **Digital Committee** Mr A Moffat, Chair of the Digital Committee, provided a brief verbal overview to accompany the narrative report and reported that there were no items for escalation. He highlighted the following key points: • Clinical Systems Strategy Outline Business Case – partially assured due to further work however update to be provided within Agenda Item 12 SIRO and Digital Update report. • Digital Strategy – to be presented and discussed in more detail at next Board Strategy Session. • Digital Delivery Plan – partially assured due to further work around timescales and resources. • Key Performance Indicators - continues to move forward and information risk management escalated to Senior Management Team. Targets also require sign off. **People and Organisational Development (POD) Committee** Dr R Bonnington, Chair of the POD Committee, provided a brief verbal overview to accompany the narrative report and reported that there were no items for escalation. She highlighted the following key points: • Theatres Staffing - interim arrangement well received and a number of KPIs have been developed which are being monitored to carefully monitor impact.	

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	• QE Facilities recruitment transfer – risk to note however monitoring and compliance to be managed via new contracts manager. • Absence and Supply – ongoing development of data welcomed and focus on forecasting at the January Committee • People & OD Metrics - work ongoing to manage sickness was noted, core skills compliance is improving however appraisal rates below target. Staff survey completion rates and Flu and Covid vaccine rates being monitored. Mrs L Crichton-Jones, Executive Director of People & OD, reported that the Staff Survey response rate is currently at 48% which is higher than last year. • Industrial action – update to be provided via Agenda Item 9. Discussion took place around the QE Facilities recruitment transfer risk. It was explained that the risk related to the ability to seek timely assurance over the completion of appropriate pre-employment checks. It was noted that a Contracts Manager would be in post by April 2023 and the Trust and QE Facilities would work closely together in the interim period. Mrs M Pavlou, Non-Executive Director, highlighted that this will be monitored by the QE Facilities Board until the Contracts Manager is in post and processes are in place to provide assurance via the Finance & Performance Committee. Mrs Y Ormston, Chief Executive, suggested that it may be more appropriate to make the operational transfer of QE Facilities recruitment on 1 April 2023 once a Contract Manager was in post. It was agreed that Mrs H Parker, Chair of QE Facilities Board, would consider this proposal further outwith the meeting. Mrs Marshall thanked the Committee Chairs for their reports. After consideration, it was: **RESOLVED**: to receive the reports for assurance	HP
22/174	**CHIEF EXECUTIVE'S UPDATE REPORT** Mrs Y Ormston, Chief Executive, gave a verbal update to the Board on the current issues: **Operational Performance:** • Emergency Department performance remained challenging and demonstrates current pressures towards winter months which was also reflective of high bed occupancy rates. • The number of patients who do not meet the criteria to reside in hospital remains high • Elective activity was below planned levels however there are signs of improvement.	

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	Provider Collaborative: • Good progress being made towards a new aseptic unit to produce medical supplies including chemotherapy drugs. This will significantly increase production capacity and create a sustainable and efficient supply chain. The full business case will be presented at the January 2023 Board meeting. **Other Key Updates:** • Congratulations to the Breast Services team who were shortlisted as finalists for the HSJ Performance Recovery Award. • The QE Facilities' Patient Transport team received their first CQC inspection and were awarded a rating of 'good'. Following a query from Mr A Moffat, Non-Executive Director, Mrs Ormston reported that there is further scoping work to do around the impact of delayed discharges with the Local Authority however there will be greater emphasis on Mental Health. She highlighted that Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust are piloting a scheme called Home First which has been successful in addressing delays and this will be reviewed within our own services. Following further discussion, it was: **RESOLVED:** to receive the update for assurance.	
22/175	**INDUSTRIAL ACTION UPDATE:** Mrs L Crichton-Jones, Executive Director of People and Organisational Development, updated the Board on the Trust's plans for potential Industrial Action across a number of different sectors. She reported that a number of Trade Unions are currently balloting their members with regards to future industrial action including the Royal College of Nursing (RCN), the Chartered Society of Physiotherapy, Royal College of Midwifes, GMB in all ambulance trusts and selected Trusts and NHS Blood and Transplant services, Unite and Unison. All unions are at different stages of balloting however the RCN have recently returned a positive ballot for industrial action to take place at selected trusts nationwide including Gateshead on 15th and 20th December 2022. Unite and Unison have not met the threshold to proceed however it has just been announced that ambulance trusts including the North East Ambulance Service, have returned a positive ballot. Mrs Crichton-Jones highlighted that a multi-disciplinary internal Trust planning group has been established and weekly meetings are taking place with Trade Unions. Trusts and Integrated Care Boards (ICB) have been asked to complete a self-assessment checklist and returned to the Regional Operations Centre. Areas of exemption need to be agreed	

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	however the RCN have indicated that discussions will not take place until 14 days prior to the intended industrial action date. Mrs A Stabler, Non-Executive Director, queried whether discussions had taken place with other trusts within the Integrated Care System and Dr G Findley, Chief Nurse, explained that there are no plans for mutual aid but close discussion will take place and will assess the situation on the day. Mrs Crichton-Jones reported that a command and control framework will be managed which was a similar approach introduced during the pandemic. Mrs Marshall queried whether it is likely that Unison will undertake another ballot however Mrs Crichton-Jones explained that a regional meeting is due to take place next week due to concerns that the postal strikes have affected the ballot response. Mrs Stabler raised a further query in relation to the potential impact on elective work however Mrs Crichton-Jones reported that this will be addressed once derogation discussions have taken place. Mrs Marshall felt that it was important to highlight the message to the public to attend appointments unless they are informed of a cancellation by the Trust. Following discussion, it was: **RESOLVED:** to consider the key issues and receive the report for assurance.	
22/176	**GOVERNANCE REPORTS** **Organisational Risk Register (ORR)** Dr G Findley, Chief Nurse, presented the updated ORR to the Board, noting that it is now received at the weekly Executive Team Meeting and bi-monthly Executive Risk Management Group (ERMG). This report covers the period 1 September 2022 to 15 November 2022. She reported that there are currently 16 risks on the ORR and 7 new risks added following discussion at the last ERMG meeting in November. There are 3 escalated risks with a risk score of 15 and above which have been increased due to pressures and 2 closed risks. One of the escalated risks relates to the risk of ventilation failure to multiple theatres due to ventilation system (air handling units) for theatres 1-8 being at end of life and 1 unit supporting 2 theatres resulting in potential for infection risks, affecting staff and patients. This has been escalated due to the potential financial risk to the elective recovery plan and potential impact on quality of care. Following a query from Mr M Robson, Vice Chair, on the impact of this on the capital programme, Mrs K Mackenzie, Group Director of Finance and Digital, explained that this will be built into the plan over a phased period. Mr A Moffat, Non-Executive Director, queried whether	

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	assessments were undertaken on equipment and Dr Findley advised that the ventilation system has deteriorated faster than anticipated. Mrs Marshall queried whether a business case was in place and felt that it would be beneficial for the Board to receive further information. Mrs H Parker, Non-Executive Director, explained that discussions have taken place at the QE Facilities Board around asset management and will continue. It was also felt that further information was required on the impact on having some theatres closed and whether a business continuity plan was in place. **RESOLVED:** to receive the report for assurance. **Quality Accounts Priorities Six Monthly Update:** Dr G Findley, Chief Nurse, provided an update on the progress made in the year to date against the Quality Account Priorities 2022/23. She reported that excellent progress has been made in some of the priority areas across staff experience and patient experience with some priorities already achieved in full or nearing completion. Mrs A Stabler, Non-Executive Director, highlighted that this report has been presented to the Quality Governance Committee however queried whether there were plans in place for completion before the end of reporting year. Dr Findley advised that there may be some areas which will not be fully implemented due to delays in national guidance however this will be reviewed via the Committee. In relation to this, it was agreed that the Board would benefit from a training session on the new NHS England Patient Safety Incident Response Framework. Following a query from Mrs Marshall in relation to the Quality Accounts process this year, Dr Findley explained that submission dates have returned to the usual reporting deadlines and plans are in place to undertake focus groups to discuss priorities and a session is also planned with the Trust Governors. **RESOLVED:** to receive the report for assurance.	GF GF/JB
22/177	**FINANCE UPDATE:** Mrs K Mackenzie, Group Director of Finance and Digital, provided the Board with a summary of performance as at 31 October 2022 (Month 7) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds). Mrs Mackenzie reported that for the period April to October 2022, the Trust has reported an actual deficit of £1.485m after adjustments which is an adverse variance of £2.993m from the Trust's planned surplus totalling £1.508m. She explained that this is mainly due to not being able to deliver on cost savings however targeted support is being provided to the Business Units. The Trust has spent £3.278m (35%) of its	

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	approved annual capital programme totalling £9.326m and this is being closely monitored however issues have been identified due to rising costs and the ability to flex spend. Mrs A Stabler, Non-Executive Director, raised a query on agency nursing spend however Mrs Mackenzie explained that although the cap is not split into categories, this was predominantly driven by nursing due to continued vacancies. Dr G Findley, Chief Nurse, highlighted that controls are in place and enhanced work is being undertaken around rostering plans and minimising spend. Mrs M Pavlou, Non-Executive Director, asked for further clarification on the consequences if capital and revenue targets were not met and Mrs Mackenzie reported that restrictions were in place in relation to capital and forecasting protocols are in place in relation to revenue. Mrs Marshall highlighted that this was discussed via the Finance and Performance Committee. After further discussion, it was: **RESOLVED:** to receive the report and note partial assurance as a direct consequence of the reported year to date position.	
22/178	**SIRO AND DIGITAL UPDATE:** Mr N Black, Chief Digital Information Officer, provided an update on progress of digital assurance, digital strategy and the clinical systems outline business case, together with the visibility on delivery since the May report and future plans for the coming months. He drew attention to the following key highlights: • Digital governance and reporting arrangements – Digital Transformation Group and Digital Assurance Group reporting into Senior Management Team for assurance and escalation purposes. • Digital Strategy and Delivery – session planned to take place at next Board Strategy Session in December. • Clinical Systems Outline Business Case – has been updated to reflect options and underpin investment requirements to enable the Trust to move forward with the single integrated clinical record option. Once finalised it will be submitted to the Executive Team for approval to proceed. • Digital Clinical Delivery includes the roll out of digital whiteboards and Neonatal Badger. The Trust is also the first site nationally to complete artificial intelligence (AI) breast imaging trial. The Wayfinder programme has also commenced and the Trust will be looking to pick up the delivery of the regional patient engagement portal.	

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	Mr Black drew attention to some of the highlighted risks particularly in relation to capacity however reported that progress is being made. Regional discussions are also taking place in relation to delays to the virtual outpatient system replacement and the Trust is working closely with Newcastle, County Durham and Darlington and North Tees to progress in this area. Dr R Bonnington, Non-Executive Director, raised a query on the risks associated with the proposed enhanced accessibility of health records to patients which was due to go live today. Mr Black explained that advice has been shared across the system that some issues were expected and Dr Bonnington highlighted some indirect consequences in relation to maternity records and patient letters. Mrs Y Ormston, Chief Executive, requested an update on the Integrated Care Board digital priorities and Mr Black advised that slow progress was being made due to the amalgamation of NHS Digital, NHSX and NHS England. Mrs L Crichton-Jones, Executive Director of People and OD, reported that discussions are taking place with Newcastle and Gateshead colleges around apprenticeships to support workforce pressures and Mr Black explained that further considerations are taking place around hybrid working models. Mr A Moffat, Non-Executive Director, requested whether there had been any update on the outcome of the Clinical Systems Outline Business Case and Mrs K Mackenzie, Director of Finance & Digital, highlighted that further work was taking place on cost mitigations and Mr Black reported that further funding options should be available early next year. Mr Moffat felt that it would be useful to demonstrate timescales and this will be discussed further at the Board Strategy Session. After consideration, it was: **RESOLVED:** to receive the report and support the ongoing assurance through the Digital Committee.	Kmac/ NB
22/179	**INTEGRATED OVERSIGHT REPORT:** Mrs D Renwick, Deputy Director of Planning and Performance, Dr G Findley, Chief Nurse, Mr A Beeby, Medical Director, and Mrs L Crichton-Jones, Executive Director of People and Organisational Development, introduced the Integrated Oversight Report (IOR) for September and October 2022. The paper has been discussed and received in-depth scrutiny by the various Board Committees. **Safe:** Dr Findley highlighted four serious incidents were reported in October with one open patient safety alert which is showing on the national system as not completed by deadline, however the National Team have been contacted for an update. There have been no Never Events within the past 18 months. Medication errors have triggered special cause	

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	variation however this represents an increased level of reporting and Dr Findley explained that these are not changes in the pattern or types of incidents reported and will continue to be monitored. The Trust has had zero incidence of Healthcare Associated MRSA BSI in the preceding 12 months however one community case has been reported and an investigation is being undertaken. **Effective:** Mr Beeby reported that the HSMR has returned to deaths 'as expected' and further details on the learning from deaths update will be presented later in the meeting. There has been a small improvement in the average number of long stay patients. **Responsive:** Mrs Renwick reported that the Trust continues to be the second best performing Trust in relation to ambulance delays despite the significant increases in handover delays and bed occupancy pressures. The Trust remains at OPEL 3, where it has been throughout September and October. A deep dive exercise has taken place in relation to these internal issues and plans are in place to maximise Nervecentre to support ward staff and the digital whiteboards will maintain focus on reviewing medically optimised patients. Activity levels were overall below planned levels, with combined elective activity at 87% however day case rates are good and diagnostic performance for the Trust has improved to its highest rate so far this year. Continued focus remains on increasing capacity to reduce patient backlogs and waiting times and this is being monitored throughout the system. Cancer performance for 2 week waits has increased however remains below the national target and pressures remain within lung, upper GI, lower GI and urology. **Well-Led:** Mrs Crichton-Jones reminded the Board that additional workforce data has been included to report activity against plan for recruitment of staff, agency spend and vacancy rates and continues to be developed. The report sets out how there is significant activity in relation to supply, recruitment and retention ongoing across the organisation to reduce vacancies. Following a query from Mrs A Stabler, Non-Executive Director, in relation to some of the deterioration in diagnostics, in particular flexi sigmoidoscopy, Mrs Renwick explained that this related to waiting lists however will provide further details within the next report. Further discussions in relation to the complaints process will also be picked up by the Quality Governance Committee. The Board felt that it may be useful to receive further narrative in relation to key areas however Mrs Ormston reminded the Board that detailed discussions take place at the relevant Board Committees.	DAR

Agenda Item	Discussion and Action Points	Action By
	The Board acknowledged the work being undertaken to address the pressures impacting on the Trust's performance and after consideration, it was: **RESOLVED:** to receive the report for assurance.	
22/180	**NURSE STAFFING EXCEPTION REPORT:** Dr G Findley, Chief Nurse, presented the report for October 2022 which provides information relating to ward staffing levels (funded against actual) and details of the actions taken to address any shortfalls. Dr Findley reported that staffing challenges remain due to vacancies and all escalation beds being open however a permanent team is now in place on the winter ward. There are currently 107.5 whole time equivalent vacancies however Dr Findley explained that there are 119 nursing posts awaiting to be filled therefore demonstrates an improving picture. Focused work continues around the recruitment and retention of staff and managing staff attendance via the Safe Staffing Task and Finish Group and a staffing escalation protocol is also now in operation across all areas within the organisation and assurance of this operating as expected, is provided by the number of staffing incident reports raised through the Datix system. Following a query from Mrs Marshall in relation to international recruitment, Dr Findley explained that funding has recently been increased therefore further posts are expected. Mr A Moffat, Non-Executive Director, raised a query in relation to headcount and Dr Findley highlighted that this is monitored via the People and OD Committee however further detailed reporting is now included in the Integrated Oversight Report therefore each Board Committee will receive an overall view of this. After discussion, it was: **RESOLVED:** to receive the report for assurance and note that staffing establishments are being monitored on a shift-to-shift basis.	
22/181	**MATERNITY UPDATE:** **Maternity and neonatal services in East Kent – the Independent Investigation Report**: Mrs L Heelbeck, Head of Midwifery, presented the report which reconfirms the requirement for all Trust boards to remain focused on delivering personalised and safe maternity and neonatal care following a letter sent to all Provider Trusts outlining the next steps for maternity services and the expectation for every Trust and Integrated Care Board to review the findings of the report.	

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	Mrs Heelbeck outlined the four key areas for action and will share an overview presentation to provide further detail. She highlighted that NHS England are working with partner organisations to publish a single delivery plan in 2023 for maternity and neonatal care which will bring together action required following this report, the report into maternity services at Shrewsbury and Telford NHS Foundation Trust, and the NHS Long-Term Plan and Maternity Transformation Programme deliverables. Dr G Findley, Chief Nurse, informed the Board that a gap analysis has been undertaken and will be presented to the Quality Governance Committee for discussion. Mrs A Stabler, Non-Executive Director, highlighted that listening and engagement events will also take place and further feedback will be provided at the next Board meeting in January 2023. Mrs Stabler also felt that it would be useful to gain some patient feedback from the Maternity Voices listening project and Mrs L Crichton-Jones, Executive Director of People and OD suggested arranging this as part of the Board's patient and staff story. **Maternity Integrated Oversight Report:** Mrs Heelbeck presented the first example of the bespoke Maternity Integrated Oversight Report (IOR). She explained that national work is currently underway to support a standardised and rational approach to ensure clear outcome measures and standards which may result in changes being required for this report in the future. Mrs Heelbeck drew attention to some of the key highlights including the developments to the maternity estate and improvements to staffing including the recruitment of midwifery posts. Mrs Stabler welcomed the development of the report and felt that it would be useful to include some narrative around areas for escalation and Mr M Robson, Vice Chair, suggested including some benchmarking regional data. Mr A Beeby, Medical Director, highlighted that the use of SPC (statistical process control) charts would be useful in identifying special cause variation to accompany further narrative. Following further discussion, it was: **RESOLVED:** to receive the report for assurance.	GF GF/JB
22/182	**LEARNING FROM DEATHS SIX MONTHLY REPORT:** Mr A Beeby, Medical Director, provided an update on mortality and learning from deaths over the last six months. He reported that the Trust's latest published SHMI (Summary Hospital-level Mortality Indicator) for May 2021 to April 2022 is 0.99 placing the Trust with the banding of deaths 'as expected' and the HSMR (Hospital Standardised Mortality Ratio) for the latest period August 2021 to July	

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	2022 is 106.7 and places the Trust with 'deaths as expected' as calculated by the model. All deaths are initially scrutinised by the Trust's Medical Examiner office and where mortality alerts have been triggered, case note review demonstrates that in the main cases are identified as 'definitely not preventable. The Board noted the reduction in the HSMR indicator and after consideration, it was: **RESOLVED:** to receive the update for assurance.	
22/183	**WELL-LED REVIEW UPDATE REPORT:** Mrs J Boyle, Company Secretary, provided the Board with an update on progress against the well-led action plan and highlighted that 93% of actions are now complete. There are three overdue (red-rated) actions however assurance can be provided that there remains a commitment to complete all actions on the action plan, acknowledging that there have been some delays against original timescales due to operational pressures and capacity constraints. A closure report will be presented to Board in March 2023. Mrs A Stabler, Non-Executive Director, queried whether the action in relation to data quality was referenced on the risk register and Dr G Findley, Chief Nurse, will discuss with Mrs Boyle and provide an update at the next meeting. Following discussion, it was: **RESOLVED:** to receive the report for assurance.	JB GF/JB
22/184	**PATIENT STORY:** The Board welcomed Mr Ian Lawson, a patient with motor neurone disease, to the meeting who provided feedback on his recent experience relating to communication challenges he has faced during his contact with the Trust. He was pleased to report that since raising the issue, improvements have been made to screening services letters nationally and thanked the Trust for its positive reaction. Mrs J Conroy, Head of Quality and Patient Experience, highlighted that further work has been undertaken to launch changes across the Central Booking Team and confirmed that learning had been taken forward including addressing issues within the Quality Account priorities.	

Agenda Item	Discussion and Action Points	Action By
	Dr R Bonningon, Non-Executive Director, thanked Mr Lawson for raising his concerns and Mr Lawson felt that it was important for disabled people to challenge processes to maintain improvement. The Board discussed communication options and felt that it was important to ensure that this was considered as part of the Getting It Right First Time work. Mr A Moffat, Non-Executive Director, commented that communication preferences could be reviewed within the Digital Committee and Mrs Conroy confirmed that this is a standard within the current system. Mrs Marshall thanked Mr Lawson for taking the time to share his story with the Board.	
22/185	**CYCLE OF BUSINESS:** Mrs J Boyle, Company Secretary, presented the cycle of business which outlines forthcoming items for consideration by the Board. This will provide advanced notice and greater visibility in relation to forward planning. Therefore the Board were encouraged to review the cycle of business ahead of the next meeting in January 2023 and it was: **RESOLVED:** to receive the cycle of business for information.	
22/186	**QUESTIONS FROM GOVERNORS IN ATTENDANCE:** There were no questions received from Governors.	
22/187	**DATE AND TIME OF THE NEXT MEETING:** The next meeting of the Board of Directors will be held at 9:30am on Wednesday 25th January 2023.	
22/188	**CLOSURE OF THE MEETING:** Mrs Marshall declared the meeting closed	
22/189	**EXCLUSION OF THE PRESS AND PUBLIC:** **RESOLVED:** to exclude the press and public from the remainder of the meeting due to the confidential nature of the business to be discussed	

PUBLIC BOARD ACTION TRACKER

Gateshead Health NHS Foundation Trust

Item Number	Date	Action	Deadline	Executive Lead	Progress
22/60	25/05/2022	SIRO/Digital report – to arrange a digital session via Board Strategy Session	27/09/2022	JBoy	SIRO report presented at November Board and Digital Strategy to be discussed at December Board Strategy Session.
22/178	30/11/2022	Clinical Systems Outline Business Case – full business case to come back following EMT discussion. To include timescales		Kmac/NB	Update – discussions held at December 22 Board strategy session, including reference to the digital roadmap and timescales. Actions suggested for closure.
22/63	25/05/2022	Well Led Action Plan – to be monitored via SMT with a closure report to September Board	27/09/2022	JBoy	Closure report deferred to March 2023
22/183	30/11/2023	Well Led Review Update – to check whether risk on ORR re. data quality and update provided at next meeting	25/01/2023	JBoy	Risk is recognised on the Digital risk register which was reviewed at Executive Risk Management Group in December. Risk reference IMT 1490. Action suggested for closure.
22/137	27/09/2022	Quality Governance Committee – to escalate the need to obtain a copy of the CCG review of the Looked After Children's Health Team to the ICB and Gateshead System Board.	30/11/2022	GF	Escalated to ICB - they have asked the Designated Nurse for the ICB to review the findings of the report. To feedback at January 2023 meeting
22/139	27/09/2022	Risk Management Strategy – to come back to Board for approval at future meeting	31/12/2022	GF	On track to be presented at January Board
22/173	30/11/2022	POD Committee Update – Chair of QE Facilities Board to consider operational transition date for QEF recruitment.	25/01/2023	HP	
22/176	30/11/2022	ORR risk re. theatre ventilation – further information and impact assessment requested	25/01/2023	GF	Information obtained and circulated to the Board via email in December. Action suggested for closure.
22/176	30/11/2022	Quality Account Priorities – to arrange a training session for the Board re: the new Patient Safety Incident Response Framework	25/01/2023	GF/JBoy	Included on forward plan for Board strategy sessions.

22/179	30/11/2022	IOR re. deterioration in flexi sigmoidoscopy – further details to be included in next report	25/01/2023	JMB/DAR	
22/181	30/11/2022	Maternity Update (East Kent report) – gap analysis and further feedback on listening events to be reported at next meeting	25/01/2023	GF	Feedback provided within Agenda Item 15iii – Maternity Continuity of Care Report
22/181	30/11/2022	Maternity Update – to consider staff and patient story	25/01/2023	GF/JBoy	Maternity story to be planned for March ’23 Board

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Improving Outcomes/Experiences at Crisis Point for Autistic Women with a Later-Life Diagnosis- Patient story

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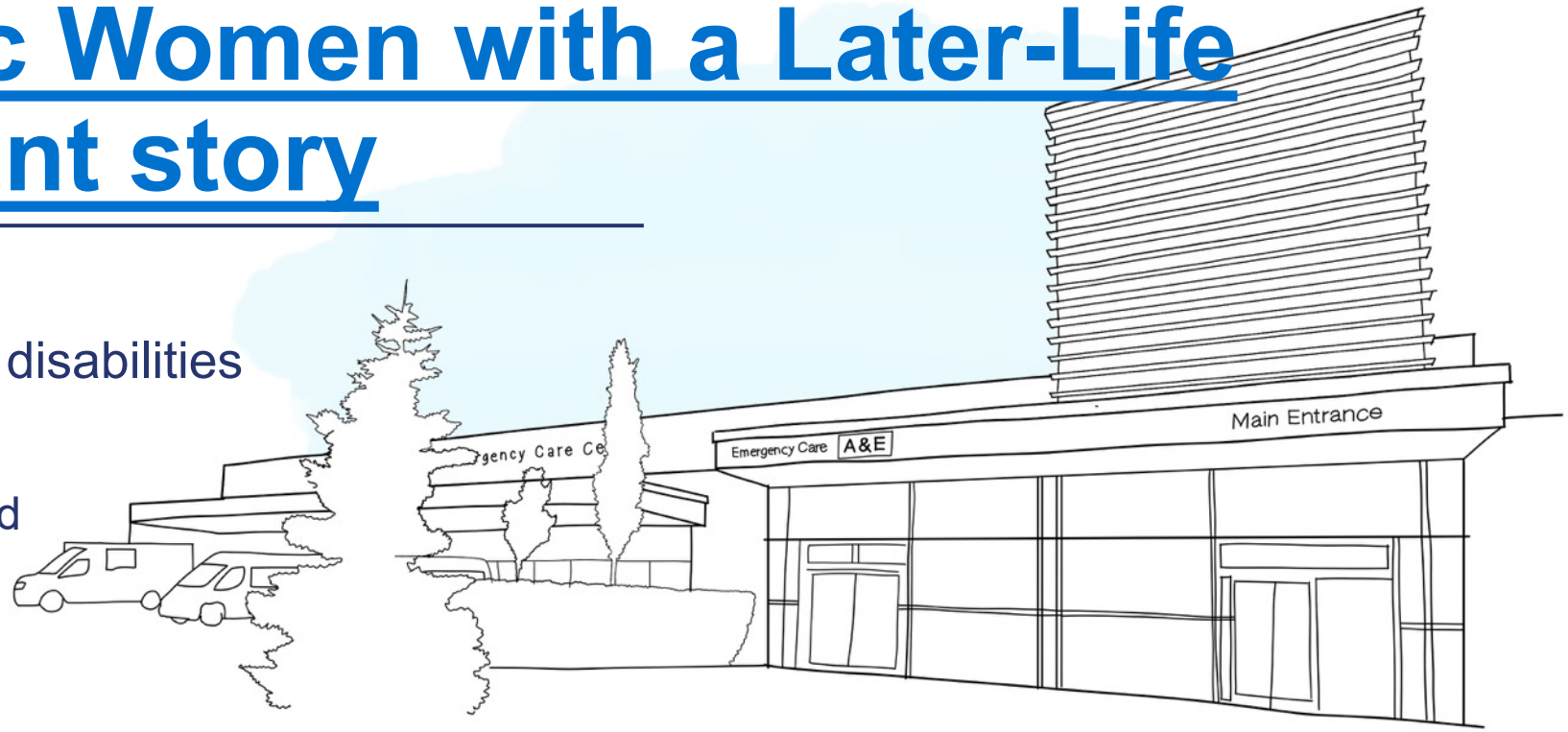
Amy Cole; Lead Nurse for learning disabilities and autism

Dr Kerry Waterfield; Clinical Lead and Community Consultant in Palliative Medicine

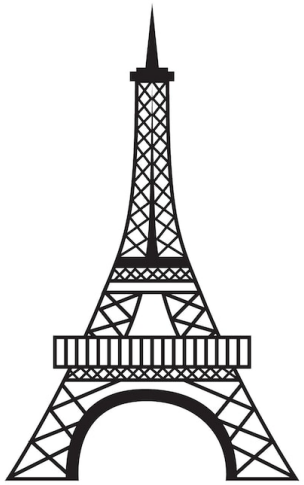


Amy

Amy

Amy was a thirty year old lady with a diagnosis of autism; specifically Asperger's. Amy lived alone and was a very independent. She loved fashion and expressing herself through the clothes she wore, she shared this through social media, she also loved to travel. Amy was very close to her parents who lived in another area of the country.

Two years ago Amy was diagnosed with Ovarian cancer and underwent surgery.



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16th October 2022 Amy returned home from a trip to Paris a few days earlier. She met with Dr Sharrock at her home to discuss the news that her cancer had returned and would not be curable.

Amy did not want treatment due to PTSD and the worry of decline having radiotherapy or chemotherapy would have on her mental health. Lengthy conversation with Amy about the reasonable adjustment we as a trust were able to make and the side effects treatment could have. Amy decided to consider radiotherapy with support and reasonable adjustments and a referral to the learning disability and autism specialist nurse, following this referral an accessible information alert was added to Careflow to ensure professionals were aware of Amy's passport and diagnosis

2nd November Dr Waterfield had a telephone conversation with Mam- Amy declined palliative chemotherapy. Due to Amy's PTSD a reasonable adjustment was made that Dr Waterfield would support from a distance which is what Amy wanted.

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Before treatment could begin a CT contrast was needed. This is something that was extremely worrying for Amy. She provided us with her hospital passport which was extremely thorough, completed by Amy herself. The radiography department all ensured they were familiar with her passport. Arranged for a ‘safe space’ for Amy with no other patients. Ensured only 1 member of staff would see her at one time and ensured any men within the department were out of Amy’s eyesight as this was one particular trigger which was worrying her.

Because of Amy’s sensory difficulties inserting a cannula was extremely distressing for her and in the past there has been difficult access. We requested for Dr Vanessa Nesbitt to insert the cannula as an expert who had also familiarised herself with her passport.

We arranged so Amy could remain in her own clothes as removing her clothes was also a trigger. We also ensure that she was able to take her weighted blanket into the scanner with her and Mam to be by her side to reduce anxieties as much as possible.

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For Radiotherapy to begin, reasonable adjustments were made with the Freeman hospital to ensure that Amy could have a slot at the end of the day and Dr McDonald took the lead, Amy's hospital passport was shared so the team could make adjustments including minimising contact with male members of staff. The learning disability specialist from the Freeman was also made aware of Amy's needs.

It was ensured that Amy had consistent support from professionals and where possible reduced the number of people directly involved in her care. The oncologist, Dr McDonald titrated Amy's medication with guidance from Dr Waterfield to minimise the contact she had with professionals.

21st November 2022 Amy was seen at home by her Macmillan nurse Pheobe, she was well and enjoying life with daily trips out shopping and to see friends and they established a good rapport.

24th November Amy phoned- she had been vomiting for 48 hours, not able to keep her medication down, unrecordable blood pressure, SATS 86% and she looked very unwell and in pain. Pheobe therefore reviewed urgently with Dr Waterfield and discussed options of managing at home vs hospital admission. Amy decided to come to hospital and make her own way to reduce her anxiety in relation to new people and male members of staff.

Pheobe liaised with Dr Sharrock and SDEC to ensure that Amy did not have to wait within the A&E environment. SDEC were aware of Amy's needs and hospital passport and ensured continuity of care.
She was clerked by Dr Waterfield to minimise new faces and the trauma of admission. Attempted to get a blood sample however due to difficult access this wasn't possible and at Amy's request this was not attempted again. Sub cut medication was given and a syringe driver was started with support from the hospital Macmillan team. Following this her pain improved and her obs stabilised.

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Amy was advised to stay in hospital by Dr Waterfield due to how unstable she had been, which she agreed with. Two female members of the nursing team from SDEC stayed past their finishing time to transport Amy to ward 2 to ensure she was settled and did not have a male porter. It was also arranged for Mam and Dad to stay with Amy for the duration of her hospital admission.

Amy's Mam & Dad woke up after 1 hour of being asleep with Amy. The felt as though something was wrong.
When they checked on Amy she had died in her sleep.

The nursing team from ward 2 were alerted by Mam & Dad.
Amy did not have a DNACPR as it was felt that it could cause harm to Amy's to have this discussion on admission as she was overwhelmed with questions and decisions.
As her condition had stabilised over the day, her deterioration that day was not anticipated, and she was very keen to be involved in decisions about her care the decision was made to defer the discussion until Amy was able to discuss herself.

Dr who attended made the appropriate decision that it was not appropriate to begin CPR and her death was verified.

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After Amy's death the team ensured the nurses who made her comfortable were females as to what Amy would have wanted. They also ensured she wore her red sparkly shoes which she loved.

Very kindly Amy’s parents shared with the team that they are very grateful for the care and support that they and Amy were shown at NCCC and QEH. They also volunteered that there was some blessing in the fact that she did not have a prolonged deterioration and was able to go out until the day before she died.

Her parents have shared a document written by Amy outlining her perspectives on the challenges of accessing acute care with a diagnosis of autism and what can make a difference. We will share this with relevant teams.

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Learning points

- That Health Passports are very important in supporting the care of patients who would benefit from reasonable adjustments to their care
- That many adjustments are possible, even in stretched and busy services
- That multiple small acts of kindness and compassion happen every day in our hospital, and others, and can make a massive difference

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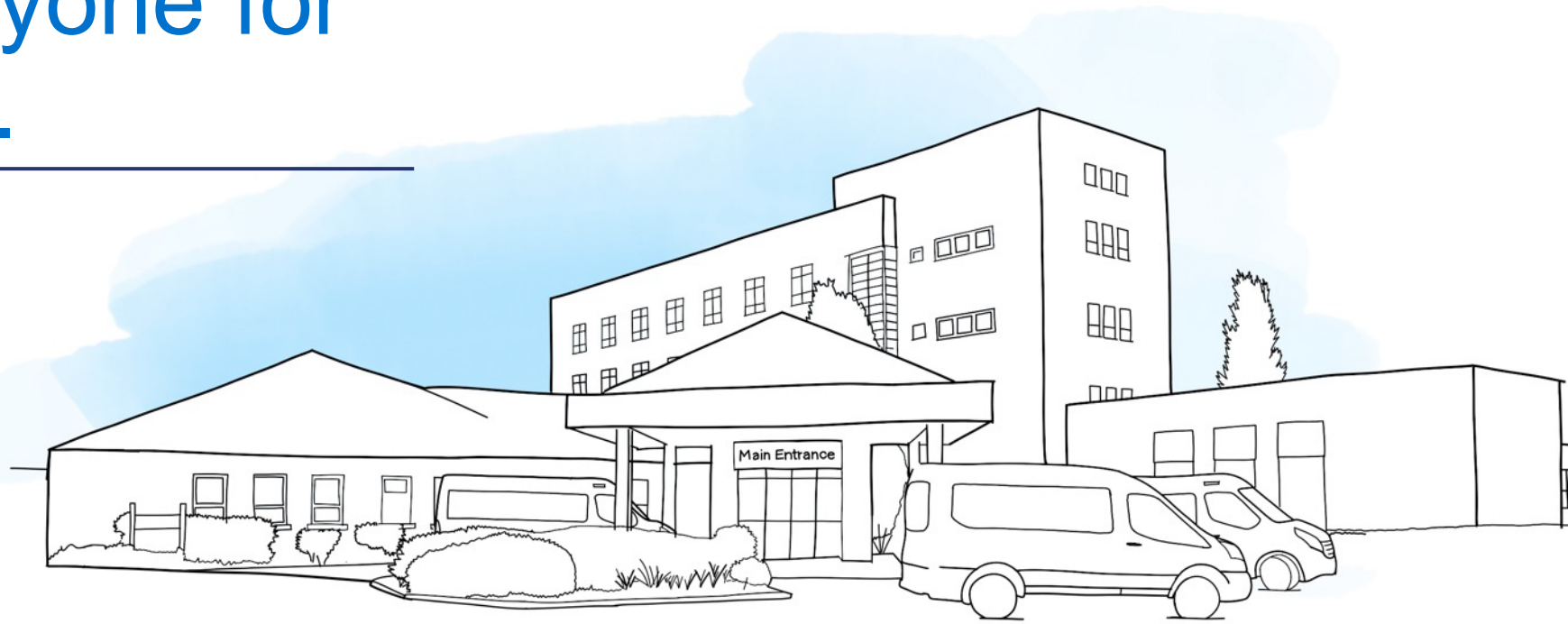
Thank you everyone for all your support.



Amelie Clayton

Improving Outcomes/Experiences at Crisis Point for Autistic Women with a Later-Life Diagnosis

Background

I have been in the mental health system for the last 11 years and spent three years fighting a Borderline Personality Disorder misdiagnosis. No health professional took me seriously. At the age of 24 I received an Asperger's diagnosis by chance (three years into the BPD misdiagnosis I was assessed by an individual who also specialised in Autism Spectrum Conditions and confirmed my belief that I did not have a personality disorder). Over the course of the last 11 years, I have been in and out of A&E, having been at crisis point and attempted suicide many times. My experiences in the mental health system and the harm that many professionals have done means that I now have additional PTSD.

Introduction

This report will be looking at and assessing the ways in which A&E can be improved for Autistic women without a learning disability who received a diagnosis in adulthood (as they present differently to those with childhood diagnoses or have a learning disability), starting at how they should be cared for at the point of initial presentation of distress, then looking at initial presentation in A&E, the experience within A&E, and the way they should be properly cared for after discharge from A&E.

Autism & Distress

Autism & Suicide

When an individual is at the point of crisis, appropriate treatment and support is pivotal. For many people, when they present at A&E, the services and support provided is often harmful, as opposed to helpful. For Autistic people, it can be all the more crucial. Autistic people are thought to experience crises more, as they experience feelings of suicidality more frequently than neurotypical individuals (one study suggests that 7.3-15% of those who are suicidal have Autism (Segers & Rawana, 2014. NICE (2018) also suggests that Autistic people are at a higher risk of suicide than the general population)). Those who received a diagnosis in adulthood are at further risk of suicidality than those who received a diagnosis in childhood or adolescence. One study found that women with Autism without a learning disability were at greater risk of dying by suicide than other Autistic people (Hirvikoski et al., 2016). Another study found that 66% of adults recently diagnosed with Asperger's syndrome had considered suicide (Cassidy et al., 2014).

Sensory Issues

This is partially due to their greater sensitivity to sensory input. Unfortunately, the health service is poorly equipped to deal with people with mental health problems, and it is even less equipped to deal with people who have mental health problems and Autism Spectrum Conditions. Autistic people are more sensitive to sensory input- for example, an Autistic person could find a fluorescent light painful, which could cause high levels of discomfort and headaches. Noises coming from other patients in A&E who are in distress can add to an individual's anxiety: too much sensory input, coupled with the pre-existing feelings of distress (which make the individual more sensitive to this

input) can result in a meltdown, panic attack or autonomic storm.

Services Poorly Equipped

Many people with a diagnosis of Autism but do not have a learning disability can struggle to find a service that can help: services for those with learning disabilities are inappropriate, and Autism services in general are ill-equipped to deal with the co-morbid mental health problems (Maddox, B. & Gaus, V., 2018), but community mental health teams are not trained to deal with the ways of thinking that come with being neurodivergent (Camm-Crosbie et al., 2018). Additionally, most therapies that are offered are not catered to neurodivergent thinking.

The Damage of Gender Biases

In recent years, greater awareness of Autism has resulted in more people receiving an Autism diagnosis. There used to be a stereotyped idea that an Autistic individual had to be male and receive a diagnosis in childhood. Countering this, many people are now receiving diagnoses in adulthood, many of whom are women. Living with undiagnosed autism into maturity can do a lot of damage: many people living with undiagnosed autism experience greater feelings of isolation, burnout, anxiety and depression. This means that by the time an individual receives an autism diagnosis, they are likely to have long-standing mental health problems. It is also likely that they have been unable to receive adequate mental health support as the system is geared towards a neurotypical experience.

Issues with Therapies

Many people spend long periods of time waiting for support such as IAPT (a 2019 BBC News article suggests that 15% of people referred to IAPT had to wait over 90 days for an appointment after the initial assessment) just to be rejected after the initial assessment due to being too severe for the service to help (statistics from NHS digital (2019) suggest that only 53% of people who had an initial session completed treatment). Additionally, conventional CBT is often incompatible for those with neurodivergence as it is based on neurotypical ways of thinking. It is commonplace for Autistic people to receive potentially harmful misdiagnoses before receiving their Autism diagnosis. They can spend years fighting a misdiagnosis, which can result in trauma and years of their life lost due to receiving inadequate and unsuitable support. Borderline Personality Disorder and Bipolar Disorder misdiagnoses are not only common in Autistic women but can also be stigmatising (due to problematic phrasing- imagine being told that there is something inherently wrong with your personality but there is no ‘cure’?). It is common for individuals, especially women, to not be taken seriously in the health service, partially due to institutional misogyny (McAuliffe, 2018).

Initial Presentation of Distress

Thanks to greater mental health awareness, we have been taught to reach out when in distress. However, it makes a big difference to wellbeing how this initial presentation is received. An individual may reach out to a loved one. Although they may not have received professional training, they need to be compassionate and understanding. Charities like Mind have guides for loved ones on how to support friends or family members who are feeling suicidal. Suicidal individuals may also reach out to a professional, like a GP or CPN/Care Coordinator, or a mood-logging app. How this is

handled is key. Professionals are generally taught that if an individual appears to be at risk, they should be taken into A&E.

The Importance of Wording

Unfortunately, services use the questions 'are you at risk now?' or a variant of 'do you have plans to kill yourself?' to determine whether someone is in danger. These will be based on neurodivergent understandings. Some people are always at risk because they are always in such distress that they feel suicidal. Answering these questions in a certain way could be the difference between an hours-long experience that causes great amounts of distress and harm, or one where an individual is adequately supported. The best things for loved ones to do for an individual in crisis is to take away the things they can use to harm themselves, listen to them, take them seriously and keep them distracted. Unless an individual needs urgent medical care (such as in the case of severe self-injury or overdose), A&E is not necessarily an optimum or safe environment (which shall be explored further).

Forcibly Transported to A&E

In some situations, an individual is taken to A&E willingly (for instance, by a family member). In these cases, they can somewhat prepare for the encounter (such as by packing reading material, a weighted blanket or something to watch). In other situations, an individual is taken unwillingly, such as by the police or an ambulance. These situations in themselves can cause a lot of distress. The writer has experienced ambulances turning up at various addresses after expressing suicidal feelings. An ambulance arrived, but both paramedics were male, which made the (female) writer feel very distressed. Inevitably, she did not feel safe answering the door to them (as she did not know what they were going to do to her). They then resorted to banging on the window of the room she was in. This resulted in feelings of terror- she had to hide and inevitably had a panic attack. At the time, she was having a video call with her therapist. Fortunately, the therapist was able to call the paramedics to get rid of them, but if the therapist was not present, the paramedics could have triggered a suicide attempt or self-injury to deal with the abnormally high levels of distress. On another occasion, the writer was about to attempt suicide at a train station. The British Transport Police turned up (which in itself, caused very high levels of distress). Eventually, the situation calmed down and the writer willingly went to A&E, under the guise that they would be seen right away, be offered food and provided with transport home (in the end, only the offer of food came into fruition). Mental health staff and nurses should know that it is incredibly harmful to make promises to patients that they can't keep. The writer would not have attended A&E if the promises had not been made, knowing due to many experiences what going to A&E involves.

Upon Entry to A&E

A&E is a harmful environment for Autistic people in distress. Simply signing in at the reception can cause distress- it could be that it is within the waiting area and people sat within the waiting area stare (which can trigger panic attacks, meltdowns or induce feelings of paranoia). An individual in distress may also be unable to speak or process information, meaning that they cannot answer any questions asked by the receptionist. After this initial interaction, they are usually then asked to wait in a waiting area to be seen by the triage nurse. This can take an indefinite amount of time, and after it occurs, the individual may feel that the support is moving forwards. However, this is usually not the case. Between an assessment from the triage nurse and then further assessment from mental

health professionals, it can usually take hours (the government target is that everyone spends less than 4 hours in A&E), with patients rarely given any indication of how long they will be waiting (CQC, 2019).

The Waiting Environment

Sensory Considerations

The environment that the individual waits in can cause distress. An Autistic person has sensory needs and requirements that are unique to them, but these can also vary by situation and mood. For example, lighting could cause a great deal of distress. Autistic people can struggle with harsh lighting or lighting of particular colours (NAS, 2021). Some Autistic people also struggle with some colours, meaning that the décor of the waiting area could cause distress. Additionally, they may struggle with certain noises or particular smells. Waiting areas are generally designed in a way that causes stress to those with anxiety- it is often a large, open area full of people. The writer has severe social anxiety and is unable to wait in a large waiting room due to the presence of people and being unable to prevent them from staring. On top of this, individuals often feel unsafe in waiting areas- drunk people can be taken to A&E, and they are partial to 'kicking off'. The shouts and screams not only cause distress but can trigger an autonomic storm or panic attack.

Ensuring the Space is Appropriate

Sometimes, staff in A&E often decide to place an individual in distress in a side room, out of the way, however these are essentially glorified cells (which are sometimes referred to as a 'safe room' in literature). Understandably, some elements are removed to prevent the individual from additional suicide attempts, but the setting causes a great deal of distress. Especially if an individual has been escorted to A&E (such as by the police or an ambulance), they have minimal items with them. The room also may not have internet connection or phone signal, meaning that they are unable to get in touch with loved ones and have nothing to keep them entertained and distracted. Being left in a room alone, with just thoughts for company, is incredibly harmful for a suicidal person. It is normal to be left in the cell-like room, or unsettling waiting room for hours, with distress generally compounding. If an Autistic person has been taken to A&E involuntarily, they have not been able to take with them items which they would usually use to lessen distress (such as glasses with tinted lenses to reduce the glare of the lights, weighted blankets, books, stimming toys and noise-cancelling headphones). It would be worthwhile for A&E staff to have at their disposal items such as these which can be used to lessen the distress of an Autistic individual, in the same way that they can offer somebody in pain with pain relief. There needs to be a room which is safe but also comfortable. This may involve having a television or reading materials. Lightbulbs are now available whose brightness and colour can be adjusted using an app on a smartphone. It may be worth installing one of these in a safe room for an Autistic individual. It would also benefit to have access to phone charging cables and a USB socket in the wall (which would be safer than a plug socket). The room should also be temperature controlled. (For an additional first-hand account of the negative impact of A&E safe rooms on an individual without Autism, see https://www.cqc.org.uk/sites/default/files/20201016b_AMSAT_report.pdf .)

Assessment by Professionals

By the time an individual is seen by someone, they are exhausted and not in a fit state to converse and answer questions. In the writer's last experience of being in A&E due to high suicidality, the

noise from the waiting room and the feelings of isolation led to a meltdown, which resulted in the fight/flight/freeze stress response kicking in. Often, there will be more than one member of staff brought in. This is under the guise of safety, however, to an Autistic person, this could feel confrontational and also make them feel very unsafe. It can cause a great deal of distress and anxiety. Staff working in A&E are unlikely to have adequate training in dealing with people in crisis.

The Importance of Professionals Receiving Adequate Training

As there are no teams within a hospital for those with neurodivergence, this means that there would be no staff in an A&E department who would be trained in how to properly deal with and care for those with Autism Spectrum Conditions. They would understand that crowding someone is going to worsen distress. They would also understand that asking an individual in distress questions is ineffective- Autistic individuals have issues with executive functioning, and with that comes issues with memory recollection. During a distressing time, the body is in fight/fight/freeze mode, which minimises any bodily and brain functions which are inessential to survival (as it has evolved from our early ancestors who had to survive in wild environments full of threats)- this means that an Autistic individual could be unable to answer questions and may also be unable to speak. Some Autistic individuals usually present as non-verbal, whereas others are only non-verbal when under stress or high levels of anxiety. Members of staff who work in A&E or regularly deal with people in crisis all need to receive sufficient training in the appropriate ways of dealing with and caring for Autistic people.

Utilising Those With Lived Experience

Hospitals need to engage with lived experience advisors who can steer them in ways of improving the services and hospital environments to make them less distressing and more Autism-friendly. Lived experience advisors are key because they can give input on what the Autistic sensory experience Is like, which a neurotypical person cannot truly understand. Another way in which neurodiverse people can be taught about minimising distress, could be through the use of VR, which puts them inside the head of an Autistic person. The needs of Autistic people need to be taken seriously. Autistic people all have different needs, and it would additionally help these members of staff for hospitals to use Autism Passports, which explain what an individual's needs and requirements are (such as how to speak to them, any allergies they might have, what triggers distress, what calms them down). At the point of crisis, it would be difficult to thoroughly go through this, as the Autistic individual will not be in a sufficient mindspace to recall information (this could be due to a variety of factors, such as being non-verbal or experiencing the side effects from an attempted overdose).

Treatment Post-Admission

As hospitals do not have sufficient facilities for Autistic people, it is unlikely that an individual would be sectioned in an environment that is suitable for them. Usually, after spending hours in an entirely unsuitable environment, an individual is discharged from A&E feeling as bad, if not worse, than when they were sent in. Spending time (prolonged or otherwise) in an environment which is not comfortable or familiar, along with having to answer questions, is exhausting. A day or two later, they may receive a visit from the Home Treatment Team who are usually unable to help (as people are generally suicidal for certain reasons, such as a poor home environment, relationship breakup or redundancy). Alternatively, less than 24 hours after admission to A&E they may receive a call from a GP. Conversations and calls within this time frame should not be recommended. An Autistic person

will be exhausted from such a distressing, high-anxiety experience the day before. It is best to not force an Autistic person to engage in anything socially (such as a conversation from a GP) as they need a lot of time to recover and ensure that their cortisol drops back to their 'normal' levels, and that they have had a chance to 'recharge' their energy. In terms of treatment, unless the causes of the distress and suicidality are sorted out, the Autistic individual will continue to be suicidal and in distress.

Looking at the Long-Term

In terms of long-term aftercare, professionals need to look at exactly why the individual is suicidal. If an individual is struggling because their home environment is entirely unsuitable for them, then housing options need to be considered and arranged. If they are struggling because they feel isolated from the community, then they need to be offered ways in which they can engage with the local community- such as support groups and voluntary positions. Unfortunately, services for Autistic people without a learning disability are few and far between. Autistic people without a learning disability often fall through the cracks- they have minimal access to social care services, and community mental health teams are unable to help because the mental health services aren't designed with consideration of neurodiverse ways of thinking (and they often struggle to deal with people who are persistently suicidal and in distress).

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Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 7

Report Title:	**Enabling Strategies – Digital Strategy**			
Name of Meeting:	Board of Directors			
Date of Meeting:	25 January 2023			
Author:	Nick Black, Chief Digital Information Officer			
Executive Sponsor:	Kris Mackenzie, Group Director of Finance and Digital			
Report presented by:	Kris Mackenzie, Group Director of Finance and Digital			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☒	**Discussion:** ☐	**Assurance:** ☐	**Information:** ☐
	To present the Digital Strategy for ratification following approval at Digital Committee.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☒ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Digital Committee – December 2022 Board of Directors at Board Strategy session – December 2022			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• The Digital Strategy is one of the fundamental enabling strategies underpinning the Trust's Corporate Strategy. • The Digital Strategy has been reviewed in detail by the Digital Committee who have approved this document and recommend this for Board ratification. • In addition, the full Board reviewed the draft Digital Strategy at the Board strategy day in December 2022.			
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	The Board is recommended to review and ratify the Digital Strategy on the recommendation of the Digital Committee.			
Trust Strategic Aims that the report relates to:	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients		

	Aim 2 ☒	We will be a great organisation with a highly engaged workforce			
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	As an enabling strategy the Digital Strategy supports the delivery of the corporate objectives.				
Links to CQC KLOE	Caring ☐	Responsive ☒	Well-led ☒	Effective ☒	Safe ☒
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	None identified				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒		

NHS
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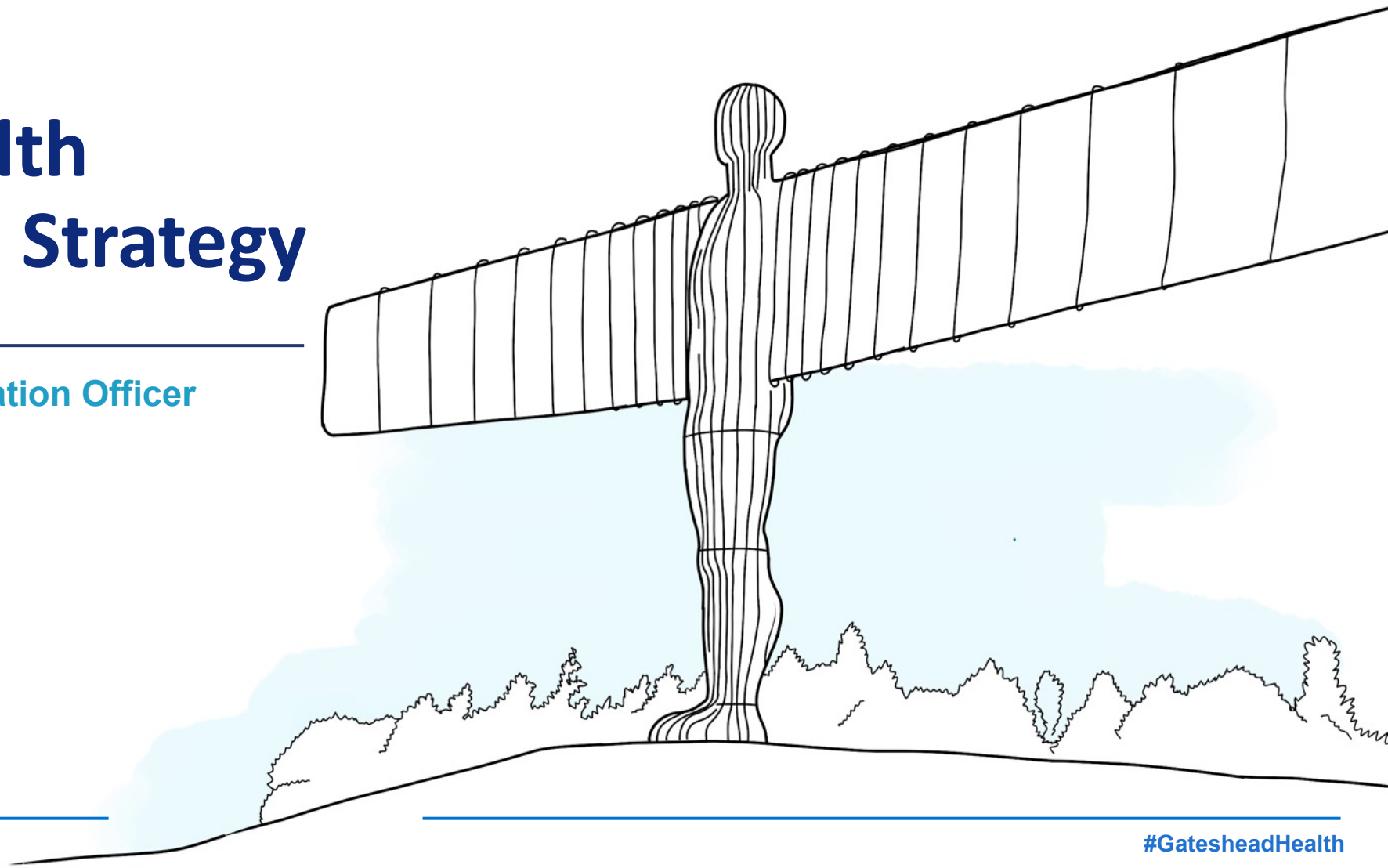
#GatesheadHealth Digital and Data Strategy

2022/23 - 2024/25

Nick Black - Chief Digital Information Officer

Draft 0.93

14 December 2022



#Gateshead Health Digital Vision

NHS
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NHS Foundation Trust

"To become a fully digital, data driven Trust, connecting and supporting our patients, people, and partners by continuously improving the quality, safety and experience of our services"

Digital and Data as an enabling function

Corporate strategy and the Digital and data strategy

Gateshead Health NHS Foundation Trust

The **#GatesheadHealth** corporate strategy prioritises the need to:

- Increase digitisation of our services where it adds value, increases safety and improves the patient experience.
- Invest in the skills our people and patients need to use these tools.
- Make the best use of the systems and data to continuously improve the clinical care provided.

This is underpinned by the **Digital and data strategy** against which all decisions are considered, which is based on the previous Digital Strategy (note the bottom row on diagram) approved at Trust Board in 2019:

Enhance the basics	Deliver improvements	Open, share and transform	Invest in people
We will provide fast, modern, safe technology and services that users want and can rely on	We will provide technology to reduce inefficiencies, poor processes and duplicate records	We will focus on joining up the needs of the user across the whole patient pathway	We will focus on enhancing the skills and knowledge of the user involving them in digital
 Digital Infrastructure	 Digital Optimisation	 Digital Transformation	 Digital Delight

Digital and Data – Supporting the Trust Strategy

NHS Gateshead Health

#GateshesdHealth Corporate Strategy				Digital and data strategy			
5 Strategic Aims		Strategic areas	Strategic focus areas	Enhance the basics	Deliver improvements	Open, share and transform	Invest in people
Productivity and efficiency / Growing services beyond Gateshead	Improving service quality and safety	Patients	Caring for all our patient communities		•	•	•
			Providing safe, high quality care	•	•		
			Offering increasingly integrated care		•	•	•
			Making every contact compassionate and caring			•	•
	Highly engaged workforce	People	Supporting the health and wellbeing of our people	•	•		
			Being a great place to work	•	•		•
			Ensuring a diverse, inclusive and equitable culture			•	•
			Working in new and collaborative ways as “one team”	•	•	•	•
	Partnerships and outcomes	Partners	Being a force for good			•	•
			Acting as a key partner		•	•	•
			Working with further and higher education providers				•

Digital and Data Strategy

NHS
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Enhance the basics:

We will provide fast, modern, safe technology and services that users want and can rely on

Modern secure technology
Anywhere working
Cloud first
Excellent service desk
Single data warehouse
Robust clinical safety and records management processes
Supporting the Green Plan

Deliver improvements:

We will provide technology to reduce inefficiencies, poor processes and duplicate records

Digital first focusing on user experience
Remove duplication of patient data
Exploit the core systems
Rationalise the systems
Remove inefficient processes or automate
Provide real time dashboards
Publish service metrics

Open, share and transform:

We will focus on joining up the needs of the user, across the whole patient pathway

Involve the user (patient/staff)
Ensure data is openly accessible
Adopt new technologies
Share our clinical data
Provide patients digital access to their records
Provide digital tools to enable patient interaction
Engage digitally with patients

Invest in people:

We will focus on enhancing the skills and knowledge of the user, involving them in digital

Focus on talent and retention
Embed digital and data skills
Support digital inclusion and address digital inequalities
Support work placements and apprenticeships
Create a digital patient forum
Develop the digital champions
Enable flexible resourcing

Digital and Data – Principle 1:
Enhance the basics

Gateshead Health NHS Foundation Trust

We will provide fast, modern, safe technology and services that users want and can rely on

- Modern secure technology – ensuring it is cyber safe; supported and patched
- Anywhere working – secure, fast access to Trust applications from anywhere
- Cloud first – moving our data and systems into externally hosted environments
- Excellent service desk – experience, response and fix times
- Single data warehouse – giving real time access to a single source of the truth
- Robust clinical safety and records management processes
- Supporting the Green Plan

Digital and Data – Principle 2:
Deliver improvements

Gateshead Health NHS Foundation Trust

We will provide technology to reduce inefficiencies of poor processes and duplicate records

- Digital first focusing on user experience – reviewing processes, improving and digitising them and removing paper
- Remove duplication of patient data – capture it once, digitally, at the point of care
- Exploit the core systems – to enhance the user experience
- Rationalise the systems – to simplify end user experience
- Remove inefficient processes or automate – if essential
- Provide real time dashboards – that enable real time, informed decisions
- Publish service metrics – Providing assurance on operational service delivery, regulatory and governance compliance

Digital and Data – Principle 3:
Open, share and transform

Gateshead Health NHS Foundation Trust

We will focus on joining up the needs of the user across the whole patient pathway

- Involve the user (patient/staff) – in designing their digital interactions (hardware/software)
- Ensure data is openly accessible – and used for clinical care and analysis
- Adopt new technologies – that support our transformed care models
- Share our clinical data – safely outside the Trust
- Provide patients digital access to their records – and supporting information on their care pathway
- Provide digital tools to enable patient interaction – self-care/self-management
- Engage digitally with patients – through telecommunications, social media

Digital and Data – Principle 4:
Invest in People

Gateshead Health NHS Foundation Trust

We will focus on enhancing the skills and knowledge of the user involving them in digital

- Focus on talent and retention – to develop people for their future roles
- Embed digital and data skills – in every role, with every user, every year
- Support digital inclusion and address digital inequalities – for staff and patients
- Support work placements and apprenticeships – linked to POD
- Create a digital patient forum – to involve patients in the design of digital services to meet their needs
- Develop the digital champions – to give a true digital voice to our people
- Enable flexible resourcing – to enable easy access to additional support to deliver business cases

Gateshead Health NHS Foundation Trust

Appendix 1 Digital and data delivery plan and service monitoring

Enabling functions - Digital and data

Corporate objectives 2022/23

Gateshead Health NHS Foundation Trust

Increasing digitisation of our services where it adds value, increases safety and improves the patient experience

- Develop a digital delivery plan adjusted for capacity, with change control in place by Oct 2022
- Manage the digital delivery plan to support the Trusts transformation programme

Investing in the skills our people and patients need to use these tools

- Develop a digital service workforce development plan by Mar 2023
- Develop a digital skills and inclusion plan for staff and patients by Mar 2023

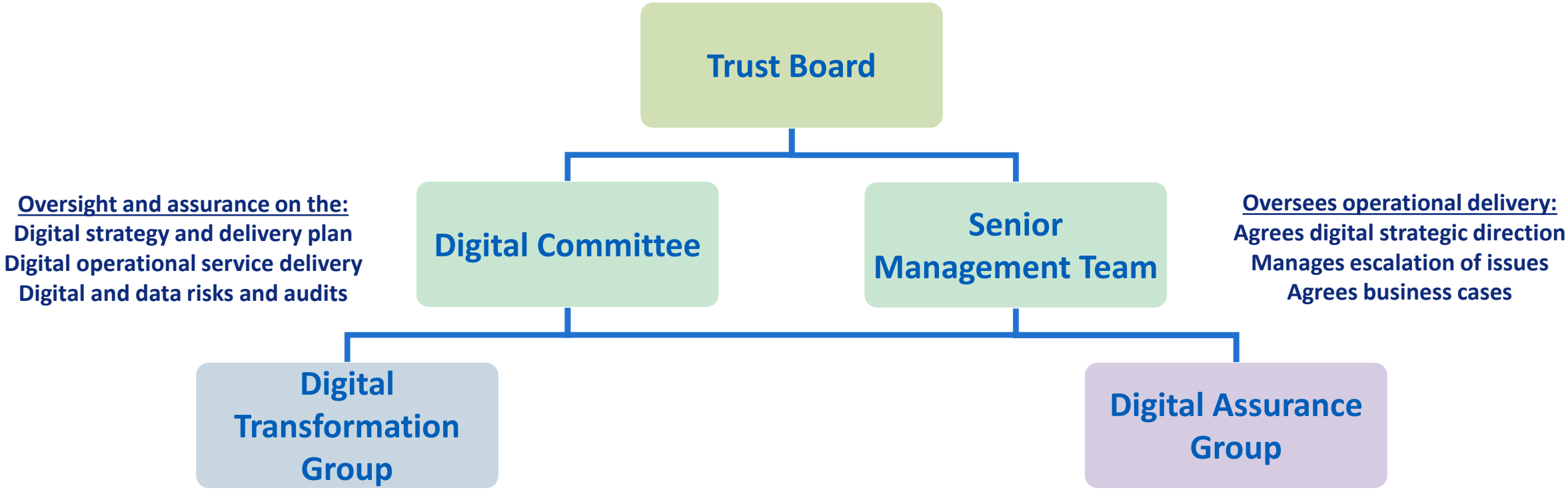
Make the best use of the systems and data to continuously improve the clinical care provided

- Develop a data quality plan and indicators that provide assurance on clinical systems use by Mar 2023
- Develop a systems exploitation plan for the core systems by Mar 2023

Enabling functions - Digital and data

Delivery and assurance roles and responsibilities

Gateshead Health NHS Foundation Trust



Oversight and assurance on the:
Digital strategy and delivery plan
Digital operational service delivery
Digital and data risks and audits

Oversees operational delivery:
Agrees digital strategic direction
Manages escalation of issues
Agrees business cases

Sets the digital strategy, objectives and delivery plan
Manages the priorities and implementation of the plan
Reviews digital related business cases
Manages the risks to delivery

Reviews the effectiveness of digital services
Ensures information assets are managed effectively
Manages cyber and information risks

Enabling functions - Digital and data

High level digital delivery plan

Gateshead Health NHS Foundation Trust

Placeholder slide for agreed digital delivery plan

Enabling functions - Digital and data

Prioritisation framework for new work

Gateshead Health NHS Foundation Trust

	Value Potential				Achievement Complexity	
Rating	Flow, LoS and Discharge	Digital Operations	Financial Impact	Risk Control	Complexity	Track record of delivery
	35%	35%	15%	15%	55%	45%
	To what extent will the scheme contribute to improved flow, length of stay or expedite discharge; e.g. improved processes, releasing/increasing operational capacity?	To what extent will the scheme contribute to digital improvements?	To what extent will this support the financial position?	To what extent will the scheme control a Major or Catastrophic risk (20+)?	To what extent is there delivery complexity, e.g. procurement requirements, dependencies on other schemes, dependencies on scarce or expensive resources?	To what extent have we successfully done schemes like this before?
None	No contribution to improved flow, LoS or discharge planning	No contribution to digital operational improvements	Highly detrimental to the financial position (>£100k negative impact)	No contribution to the control of Major and Catastrophic risk	There are no complexity issues that will affect delivery (likelihood = rare)	We have never done schemes like this before
Low	Low contribution to improved flow, LoS or discharge planning (e.g. <x% improvement)	Low contribution to digital operational improvements (e.g. <x% improvement)	Significantly detrimental to the financial position (e.g. >£50K negative impact)	Unlikely contribution to the control of Major and Catastrophic risk	There are one or 2 minor complexity issues that could affect delivery (likelihood = unlikely)	We have done similar schemes but not well
Medium	Medium contribution to improved flow, LoS or discharge planning (e.g. <x% improvement)	Medium contribution to digital operational improvements (e.g. <x% improvement)	Detrimental to the financial position (e.g. <£50K negative impact)	Possible contribution to the control of Major and Catastrophic risk	There are several moderate complexity issues that could affect delivery (likelihood = possible)	We have done similar schemes with reasonable results
High	High contribution to improved flow, LoS or discharge planning (e.g. <x% improvement)	High contribution to digital operational improvements (e.g. <x% improvement, nearing EoL)	Contribution to improved financial position (e.g. no negative impact)	Likely contribution to the control of Major and Catastrophic risk	There are a number of significant complexity issues (likelihood = likely)	We have done similar schemes well on a number of occassions
Very High	Very high contribution to improved flow, LoS or discharge planning (e.g. >x% improvement)	Very high contribution to digital operational improvements (e.g. >x% improvement or contractual must do/EoL)	Significant contribution to improved financial position (e.g. >£20K positive impact)	Almost certain contribution to the control of Major and Catastrophic risk	There are major complexity issues (likelihood = almost certain)	We have expertise in the successful delivery of schemes like this

Gateshead Health
NHS Foundation Trust

Appendix 2
How Digital and data enable the Trust Strategy

Patients - Enabled by Digital and data

Compassionate care is at the very heart of everything we do at Gateshead Health

NHS Gateshead Health NHS Foundation Trust

Caring for all our patient communities

- We will use technology and social media to capture the voices of the people in our communities
- We will implement User Centred Design principles to ensure technology is easy to use and supports improvements in business processes

Providing safe, high quality care

- We will monitor clinical digital best practice to ensure the patient gets the best possible care
- We will ensure the clinical safety of all data flows and systems are managed, supported by clear procedures and regular training

Offering increasingly integrated care

- We will open up our systems to share data for direct patient care across the Integrated Care System
- We will join up our systems to ensure seamless management of the patient journey
- We will enabling flexible working – allowing people to work from anywhere
- We will use technology to automate the capture of patient experience
- We will provide patients with links to information that supports each step of their care

Making every contact compassionate and caring

- We will work across the Integrated Care System to deliver patient held records that enable self-care and self-management with direct interaction with clinicians

People - Enabled by Digital and data

The people at Gateshead Health are our greatest asset

Gateshead Health NHS Foundation Trust

Supporting the health and wellbeing of our people

- We will centralise data collection, analysis, reporting and dashboards to give our managers the data to support our people
- We will actively utilise data to identify areas to improve the well being of our people

Being a great place to work

- We will enabling flexible working – allowing people to work from anywhere
- We will reimagine working practices using technology including automation, that focuses on value add rather than repetitive tasks

Ensuring a diverse, inclusive and equitable culture

- We will use technology and social media to engage and capture the voices of our people

Working in new and collaborative ways as “one team”

- We will actively seek out new technologies and innovations to improve
- We will provide our people with the data and systems to enable decisions closer to patients
- We will actively review incidents and risks to support continuous improvement in safety and outcomes
- We will actively monitor standard operating procedures to ensure best practice is followed

Partners - Enabled by Digital and data

We respect and work closely with our partners to deliver outstanding care

Gateshead Health NHS Foundation Trust

Being a force for good

- We will use technology and social media to engage with our community to work with our partners in ensuring that Gateshead is a fantastic place to live, work and receive care.
- We will use data to focus on health promotion to ensure the best start in life

Acting as a key partner

- We will share real time clinical data enabling improved patient outcomes and more timely treatment.
- We will share data and information to tackle health inequalities, improving patient outcomes and providing sustainable healthcare to the region.
- We will actively work in partnership with Primary Care, our Local Authority and third sector, sharing data to deliver care at the earliest possible opportunity, reducing unnecessary hospital admissions and discharge delays.
- We will share our data for direct patient care across Gateshead and beyond

Working with further and higher education providers

- We will develop a digital workforce plan to ensure that our people have the skills to be comfortable to use technology at work but also at home, accessing digital inequalities
- We will work with further and higher education providers to deliver engaging, inspirational placement that showcase digital opportunities in healthcare

Gateshead Health NHS Foundation Trust

Assurance Report Agenda Item: 8i

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Committee Reporting Assurance:	Finance and Performance Committee – 29 November 2022			
Name of Meeting:	Board of Directors			
Date of Meeting:				
Author:	Mrs K Mackenzie, Group Director of Finance & Digital			
Executive Lead:	Mrs K Mackenzie and Mrs J Baxter			
Report presented by:	Mr M Robson, Chair of Committee			
Matters to be escalated to the Board:				
Executive Summary: ***(outline assurances and gaps including mitigating actions)***	<u>Integrated Oversight Report</u> Context was given in relation to September & October, with pressures in Urgent & unscheduled care, particularly the challenges in meeting the 4 hour A&E target, 12hour breaches and ambulance delays whilst noting the increasing high level of diverts from other Trusts. Elective activity has deteriorated and whilst some of the cancer targets have improved it remains a significant challenge. The committee has identified areas where further info is required to provide assurance and evidence of controls including: • Detail behind the downward trend in the % if patients seen as remote outpatients • A deep dive into the numbers of patients not meeting the criteria to reside (delayed discharges) will be brought to December meeting • Better correlation of workforce data with performance (& financial) data – to show beneficial impact of new remuneration arrangement sin theatres. • Outcomes of Executive lead oversight meetings to provide assurance of recovery plans being enacted. <u>Financial Revenue Reports - Month 7</u> This continues to be not fully assured. Whilst the reported deficit and variation from plan has improved the information detailed in the meeting identified significant overall risk that the plan will not be delivered. The committee have requested greater assurance and evidence of controls around the main risks to forecast outturn including:			

	• Controls on agency and bank spending • Cost improvement programme to release cash saving in year • Controls on discretionary spend All to be in place and incorporated in a M9 forecast outturn in January. <u>CRP (October paper)</u> The Committee agreed to with partial assurance. <u>Pay Award (October paper)</u> The Committee agreed to with partial assurance <u>Capital Plan</u> Agreed partial assurance (as per October) Given the risks to achievement of delays to equipment lead times, similarly for IT equipment and slippage against schemes related to the New Operating Model. The committee requested greater detail on spend against plan at category level plus forecast outturn to provide evidence of controls in place. In addition the committee requested details of the impact of the community diagnostics hub on the capital programme to year end in 2023/24. The Committee also considered; <u>Protocol for changes to in year revenue financial forecast</u> Described the changes to the financial regime and the impact of Trusts proposing variations to plan in financial forecasts. Whilst this was for information rather than assurance the proposals include several controls that the committee felt should be added to our own controls and asked that they be reported on at the January meeting. In addition to existing controls these include: • Monitoring of consultancy spend • Workforce bridging analysis – pre pandemic to current • Compliance with HFMA Check list <u>QE Facilities Report.</u> The committee noted that performance meetings were due to take place in December to agree contract variation and forecast outturn/contributions to Trust recovery plan and that a pay policy was due to come forward in January. The committee were fully assured by the report and didn't identify any gaps in control or assurance. <u>Organisational Risk Register Extract Review</u> The Committee reviewed the extract and was fully assured that the appropriate risks were captured and being managed effectively.

<table>
<tr><td></td><td colspan="5">Board Assurance Framework (BAF)
The Board Assurance Framework was updated accordingly.

Finance and Performance Committee Cycle of Business 2022/23
The Cycle of Business was updated accordingly.</td></tr>
<tr><td>Recommended actions for Board</td><td colspan="5">The Board is requested to note the assurances and risks identified by the Committee and be mindful of this when reviewing and discussing related agenda items.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:
(Including reference to any specific risk)</td><td>Aim 1
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<tr><td>Financial Implications:</td><td colspan="5">As outlined in the Finance Report paper on the agenda.</td></tr>
<tr><td>Links to Risks (identify significant risks and DATIX reference)</td><td colspan="5">Risks identified on the Organisational Risk Register at the time of the meeting include:
2868 – Risk to the delivery of the new Operating model and associated transformation plans due to the increase in activity and reduced workforce capacity (potentially due to covid waves), resulting in adverse impact on key performance and recovery plans. CRR 20
3127- There is a considerable risk that the trust will not be able to meet the required forecast outturn position of 1.6m surplus. This is impacted by achievement of ERF, delivery of CRP, impact of inflation, funding available from DHSC, realisation of mitigations and cost of ongoing service pressures resulting from COVID and unscheduled care activity. CRR 20
3128 -Risk that the capital cost of delivery of the new operating model continues to increase resulting in revenue implications. CRR 12</td></tr>
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</table>

Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☐	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments
	Obj. 2 ☒	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers
	Obj. 3 ☐	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve

Gateshead Health NHS Foundation Trust

Assurance Report Agenda Item: 8i

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Committee Reporting Assurance:	Finance and Performance Committee			
Name of Meeting:	Board of Directors			
Date of Meeting:	Tuesday 20 December 2022			
Author:	Mrs K Mackenzie, Group Director of Finance & Digital			
Executive Lead:	Mrs K Mackenzie and Mrs J Baxter			
Report presented by:	Mr M Robson, Chair of Committee			
Matters to be escalated to the Board:				
Executive Summary: ***(outline assurances and gaps including mitigating actions)***	Integrated Oversight Report Context was given in relation to November activity, with pressures in Urgent & unscheduled care, particularly the challenges in meeting the 4 hour A&E target and the site being at OPEL level 4. Elective activity has improved and whilst some of the cancer targets have improved it remains a significant challenge. The committee has identified areas where further info is required to provide assurance and evidence of controls including: • A deep dive into the numbers of patients not meeting the criteria to reside (delayed discharges) was delayed and will now be brought to January meeting Financial Revenue Reports - Month 8 This continues to be not fully assured. The reported deficit and variation from plan has deteriorated slightly and the information detailed in the meeting identified significant overall risk that the plan will not be delivered. The committee have requested greater assurance and evidence of controls around the main risks to forecast outturn Benefits Management and Transformation This item was deferred however the report was reviewed to identify any benefits and it was agreed an update with more detail would be brought back to the February 2023 Committee. Oganisational Risk Register Extract Review The Committee reviewed the extract and was fully assured that the appropriate risks were captured however			

<table>
<tr><td></td><td colspan="2">it was agreed that the risks should be discussed as part of the Executive risk management Group to ensure being managed effectively.

<u>Board Assurance Framework (BAF)</u>
The Board Assurance Framework was updated accordingly.

<u>Finance and Performance Committee Cycle of Business 2022/23</u>
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<tr><td>Links to Risks (identify significant risks and DATIX reference)</td><td colspan="2">Risks identified on the Organisational risk register at the time of the meeting include:

• 2558 (MED) Risk of a 12-hour A&E wait in ED from arrival due to organisational pressures resulting in sub optimal patient care and risk of patient harm. CRR 20
• 2868 (COO) Risk to the delivery of the new Operating model and associated transformation plans due to the increase in activity and reduced workforce capacity (potentially due to covid waves), resulting in adverse impact on key performance and recovery plans. CRR 20.
• 3057 (Surg) Risk of ventilation failure to multiple theatres Due to ventilation system being at end of life resulting in potential for infection risks, affecting staff and patients. Risk of cancellation to surgery resulting in poor patient outcomes and experience. CRR 20
• 3103 (Finance) Efficiency requirements cannot be achieved due to ongoing operational pressures</td></tr>
</table>

<table>
<tr><td></td><td colspan="5">resulting from COVID and demand on unscheduled care. CRR 20
• 3127 (Finance) There is a considerable risk that the trust will not be able to meet the required forecast outturn position of 1.6m surplus. Resulting from COVID and unscheduled care activity. CRR 20
• 3128 (Finance) Risk that the capital cost of delivery of the new operating model continues to increase resulting in revenue implications. CRR 12</td></tr>
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Gateshead Health NHS Foundation Trust

Assurance Report Agenda Item: 8ii

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☒
Committee Reporting Assurance:	Quality Governance Committee December 2022			
Name of Meeting:	Trust Board			
Date of Meeting:	December 2022			
Author:	Mrs A Stabler, Non-Executive Director			
Executive Lead:	Dr G Findley, Chief Nurse			
Report presented by:	Mrs A Stabler, Non-Executive Director			
Matters to be escalated to the Board:	No escalation required			
Executive Summary:	**Items received for assurance:** **Palliative Care 6 Monthly Update** The report was presented informing the Hospice at Home service is funded until May 2023, the staff have received permanent contracts and in the process of completing the evaluation in conjunction with Macmillan and the former CCG together that will be presented at the Community Transformation Board in January 2023. It was noted that the service are waiting to hear from the ICB about future funding. **Health Inequalities Update and Action Plan** The report was presented informing that significant process has been made including working with foodbanks, reduction in smoking at point of delivery for acute tobacco service inpatient and maternity, HEAT audits in screening colposcopy and initial scope for data collection to support an health inequalities dashboard as outlined by NHSE. The Committee acknowledged that all enabling strategies will be linked together and will hold a strategy away day to ensure they are all aligned. **EQIA Update** The report was presented informing 27 EQIAs have been reviewed. Each EQIA is reviewed after the change has taken place before being closed, so a number remain open. This will be monitored.			

Mental Health Update
The report was presented updating on performance indicators relating to mental health. The committee was pleased to note that the dementia nurses will be transitioning to become admiral nurses shortly.

The Committee noted we are now at full capacity for bed occupancy because the crisis team have pulled their home-based treatment provision therefore a meeting will take place with the Commissioners and CNTW regarding reinstating the service. An update will be provided at the next meeting. Post meeting note - this service has now been reinstated by CNTW.

Health and Safety Quarterly Update
The report was presented noting the key areas of concern are as follows:

- Statutory (fire safety) and mandatory training compliance – the team have looked at alternative ways of providing training
- Violence and aggression incidents – the Chief Nurse has a meeting planned with the security team and will provide an update at the next meeting

Research and Development Annual Report
The report was presented informing we continue to participate in high quality research, demonstrating our commitment to improving the patient care we offer as well as increasing our hosted research portfolio to be able to offer even more patients the opportunity to take part in research in line with the CQC well led framework.

The Committee acknowledged there were 2,603 participants recruited by the Trust this year and the research strategy for 2022 to 2027 has been launched. Within the report there was a tribute to Dr A Dale, Consultant Paediatrician, who passed away noting the work she has done within the Trust.

Infection, Prevention and Control (IPC) Terms of Reference
The report was presented informing the IPC Committee have met and reviewed the terms of reference in line with the annual cycle of business. Some minor amendments were made in relation to job titles and membership. The committee approved the new Terms of Reference.

Integrated Oversight Report
The report was presented informing two areas of concern for the committee were duty of candour and informal complaints. The committee noted that compliance with Duty of Can dour has been on ongoing issue but acknowledged the complexity and small numbers required to demonstrate full compliance. It was noted that we are seeing increasing numbers of informal complaints and the committee asked

	that the work to improve our complaints responses included a review of the informal complaint process. The Audiology data demonstrated non-compliance with the improvement trajectory, It was explained that there was a of a disconnect in terms of what primary care have stopped doing such as ear wax removals meaning audiology appointments cannot proceed due to ear wax. The committee asked therefore that this has be fed back to the ICB with a suggestion to consider recommissioning in the community. **Maternity Staffing** <u>Maternity Oversight Report</u> The report was presented drawing attention to the RCOG workforce report along with an action plan to review any non-attendance to the clinical situations. It was also highlighted a PMRT case was reported a day late due to a technical glitch in the system. The Committee noted two Datix incident reports are were assured that all appropriate actions had been taken. The Trust remains consistently in the top 10 national reporting Trusts for quarterly antenatal detection rates of growth restricted babies and audits are ongoing into maternal and neonatal readmissions. <u>SCBU Nurse Staffing Review October 2022</u> The report was presented informing there is a focused emphasis on safe staffing and leadership within the Maternity Incentive Scheme safety actions. The committee noted that the SCBU unit is fully staffed and thus compliant with the standards. <u>Midwifery Staffing Six Monthly Review</u> The report was presented informing we have increased our staffing by 8% there is a daily review of the acuity of the unit and staffing is adjusted accordingly to maintain safe staffing levels. The Committee received assurance we are fully staffed in terms of the establishment to ledger but have gaps due to maternity leave and sickness that are being mitigated on a daily basis. **Objectives Delivery Report** The report was presented informing there are four corporate objectives mapped to the Committee for assurance purposes. The Committee reviewed the corporate objective monitoring plan for assurance and completeness. **Quality Priorities Update Report** The report was presented informing of one outstanding action from last year to involve the Governors in the closing of the quality accounts and developing the quality account priorities for next year which will be presented at the next

	Governors meeting in January. There will be an update at the next meeting of the red areas. **Assurances from Strategic SafeCare Risk and Safety Council** The report was presented outlining the business undertaken it was noted that there was a discussion in relation to CQC monthly environmental audits and the ability of the matrons to complete these when the site is under operational pressure; recently audits indicated 51% of matron walkabouts took place therefore a shortened audit tool has been developed for matrons to use in all areas of their portfolio. The council had looked at the complaints position and the noted there had been 51 informal complaints in September 2022 and 44 informal complaints in November 2022 that mainly relate to communication. The Trust have closed 35 formal complaints in the period of 1 October 2022 to 30 November 2022 with an average of 30 complaints received per month. **Assurances from Strategic Safeguarding Group** The report was presented for assurance it was noted there is ongoing work on how this report will be presented in the future in terms of the so what element. Senior posts have been recruited to and further recruitment is ongoing. It was also noted the looked after children have increased to 518 compared to 300 pre-Covid. Discussions continue with the ICS re funding for the service. The Committee noted the future changes in the legislation for the declaration of the Liberty Protection Safeguards (LPS). In preparation the Team is looking at how the legislation will impact the Trust and how we will mitigate against that. **Learning Disabilities** <u>Annual Report</u> The report was presented informing the diamond pathway standards for people with learning disabilities has been introduced and there has been a substantial amount of training for frontline staff to support this. The main risk highlighted in the report is the capacity of the one nurse for people with learning disabilities and the gap in relation to patients with autism. Business cases are in progress to try and increase capacity. <u>Benchmarking Feedback</u> The report was presented informing the feedback is from the NHS Benchmarking Network, there are gaps in relation to people with autism as we do not collect data for this group of patients. A bid has been put forward to the Academic Health Sciences network to address this.

	The Committee note the gaps specifically linked to the availability of staffing to fulfil that requirement and noting this is included on the risk register. **Serious Incidents Report** The report was presented informing there was six serious incidents reported including falls, fractured neck femurs and a head injury. There was also a scald reported following the implementation of new hot drink trolleys on the wards, the harm was classified as moderate. The Committee agreed for the Trust Board members to receive a notification of all Serious incidents for information and oversight. **Safer Staffing Report** The report was presented informing the report highlights the areas that have fallen below the 75% fill rate and the areas that are below the fill rate are mainly related to sickness absence. The committee noted the improvement in staffing across our wards. **Safeguarding Review** The report was presented following a full review of the service by the Chief Nurse noting there were no major issues. It was noted that there are 15 recommendations that will be monitored through the Safeguarding Committee that will escalate through regular reports to the quality governance Committee. **Items received by the Committee for information:** • Mental Health Act Compliance Minutes – September 2022	
Recommended actions for Board	Board are asked to note the work of the Committee and the assurances received and note the areas of risk identified but note the actions in place to resolve.	
Trust Strategic Aims that the report relates to: (Including reference to any specific risk)	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients
	Aim 2 ☐	We will be a great organisation with a highly engaged workforce
	Aim 3 ☐	We will enhance our productivity and efficiency to make the best use of resources
	Aim 4 ☐	We will be an effective partner and be ambitious in our commitment to improving health outcomes
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead
Financial Implications:	None to Note	

Links to Risks (identify significant risks and DATIX reference)	ORR Risks, 2879 – Maternity, 2779 CQC Compliance/ Improvement, 2868 – Further wave of Covid, 2880				
People and OD Implications:	Gaps in workforce in nursing, midwifery and mental health.				
Links to CQC KLOE	Caring ☒	Responsive ☒	Well-led ☒	Effective ☒	Safe ☒
Trust Diversity & Inclusion Objective that the report relates to	**Obj.1** ☐	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments			
	Obj. 2 ☒	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers			
	Obj. 3 ☐	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve			

Gateshead Health NHS Foundation Trust

Assurance Report Agenda Item: 8iii

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Committee Reporting Assurance:	Digital Committee Assurance Report from meeting held on 15 December 2022			
Name of Meeting:	Board of Directors			
Date of Meeting:				
Author:	Mr A Moffat, Chair of the Digital Committee			
Executive Lead:	Mrs K Mackenzie, Group Director of Finance and Digital			
Report presented by:	Mr A Moffat, Chair of the Digital Committee			
Matters to be escalated to the Board of Directors	None			
Executive Summary: ***(outline assurances and gaps including mitigating actions)***	**<u>Organisational Strategic Objectives and Delivery Plan</u>** The report showed progress to plan against the agreed digital strategic aims and objectives for 22/23 with the recognition of risk in relation to digital team capacity, where the vacancy level has been as high as 16% at one stage in the year. **<u>Digital Strategy</u>** An updated digital strategy was presented and ratified by the Committee, prior to it being reviewed / approved by the Board in February. **<u>Clinical Systems Strategy – Outline Business Case</u>** The Committee received the updated Clinical Systems (EPR) Strategy Outline Business Case (OBC). As the previously recommended 'wrap around' solution is not currently available as a product, the preferred procurement methodology is to work with a supplier to implement the required Clinical System solution. As a result, the OBC is to return to Clinical Policy Group for review in February. Next steps are to financially quantify the associated benefits (Feb 23) and then gain agreement of the Senior Management Team and Executive Management Team (March 23). A full business case will then be written requiring Board approval. **<u>Service Key Performance Indicators</u>** The KPI report, which includes a useful 'Summary (RAG) Dashboard' and highlights compliance against targets was presented to provide digital service assurance. This report is reviewed at every Digital Assurance Group			

<table>
<tr><td></td><td colspan="6">meeting with any escalations required reported for action to SMT. Of note was (i) Information Governance Training at 84% (vs target of 95%) (ii) Information Risk Management Programme – IAOs at 22% (vs target of 100%). The Committee requested sight of a plan to address this significant under performance by the Data & Security Protection Toolkit submission deadline in June.

<u>Internal Audit Reports</u>
Visibility, understanding and review of outstanding audit actions is now well established. No specific concerns were raised.

<u>Sub-Group Reporting</u>
Assurance reports were received from the Digital Transformation Group and the Digital Assurance Group. No gaps in assurance were identified.</td></tr>
<tr><td>Recommended actions for the Board of Directors</td><td colspan="6">The Board is requested to take assurance from the work of the Committee and note the update provided.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:
(Including reference to any specific risk)</td><td>Aim 1
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<tr><td>Financial Implications:</td><td colspan="6">None to note</td></tr>
<tr><td>Links to Risks (identify significant risks and DATIX reference)</td><td colspan="6">There are no significant risks on Datix relating to the business conducted at this meeting.</td></tr>
<tr><td>People and OD Implications:</td><td colspan="6">None to note.</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☐</td><td>Responsive
☐</td><td>Well-led
☒</td><td>Effective
☐</td><td colspan="2">Safe
☒</td></tr>
<tr><td rowspan="3">Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)</td><td>Obj.1
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</table>

		decisions on a diverse workforce and the differing needs of the communities we serve

Gateshead Health NHS Foundation Trust

Assurance Report Agenda Item: 8iv

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Committee Reporting Assurance:	People and OD Committee – January 2023			
Name of Meeting:	Trust Board			
Date of Meeting:	17.01.2023			
Author:	Lisa Crichton-Jones, Director of People & OD			
Executive Lead:	Lisa Crichton-Jones, Director of People & OD			
Report presented by:	Maggie Pavlou, Non-Executive Director			
Matters to be escalated to the Board:	No formal points of escalation; update on the formal transfer of QEF recruitment to be noted as below.			
Executive Summary: ***(outline assurances and gaps including mitigating actions)***	**Items received for assurance:** **People Strategy – Final Draft:** The Committee noted the progress made and acknowledged the action plan is subject to ongoing refinement, with recognition that there is still scope to refine the plan further after the Board Strategy Session in February 2023. There is work ongoing to cross reference and align all supporting and enabling strategies. **People Plan Update:** The report was presented informing there are 42 actions for employers in the NHS People Plan with 35 actions complete and the outstanding actions have a plan in place. It was noted that 14 priorities across the 8 Futures actions were identified for organisations with a deadline of March 2023 and 12 priorities have been achieved with the remaining two priorities linked to wider system work which is starting to gather some momentum at a national and system level. **Update Report from POD Portfolio Board:** The Committee acknowledged the work underway within each programme of work, highlighting the uptake of flu vaccinations from front line healthcare workers is just over 50% and the uptake of the Covid booster for all staff is 30%. It was noted that the Medical Workforce Group did not meet in December due to operational pressures and a People Manager's Guide to the staff survey results has been developed to support managers. The international recruitment is off track slightly, with numbers under the			

	trajectory and work is underway to review options for a greater number of suppliers and the continuation of this work, which will require funding. **Growing the Workforce – Absence & Supply:** The report was presented informing the Trust vacancy rates for nursing have increased due to staffing budget increases in November 2022 yet progress continues to be made to reduce vacancies. In terms of development with the report, projections scenario 1 show that leavers continue at a small improvement with 70.5 days pipeline from Trac for starters whereas scenario 2 starts to meet demand as it includes the additional 10 WTE starters per month from April 2023 of international recruitment, thereby highlighting a need to continue with IR. Benchmarking data for nursing and HCSW vacancy and turnover rates are now include in the report. **School and Local Community Supply; Overview of Engagement and Key Areas of Work:** The Committee received an excellent presentation from the lead in this area, highlighting the work done across our communities with regards to engaging young people in placement, experience and employment opportunities often leading into apprenticeships. There is a lot of positivity related to this work however sometimes the buy in from departments has proved difficult due to capacity pressures. The objective for the next 3 months were outlined including continuing to build the work experience programme, development of T Level / BTEC Admin Programme and working in collaboration with Gateshead partners. **Retention; Overview of Retention Initiatives:** The report was presented informing the Trust's turnover rate for the 12 month period up to 31 December 2022 was 16.9%, feeding into the overall Trust vacancy rate of 6.7% as at November 2022. The three stages of the employee lifecycle and the retention initiatives In place were highlighted as throughout employment, late career and leavers. **Industrial Action:** The report was presented informing there were 99 staff on unpaid RCN industrial action on 15 December 2022 and 117 staff on 20 December 2022. The RCN have announced a further two dates for strikes on 18 and 19 January 2023 and significant internal planning continues. It was noted that the BMA ballot is live with 130 junior doctors included in the ballot and finally the NEAS action took place on 21 December 2022 and 11 January 2023, with further action on 23 January. There has been minimum impact on patient care, with only a small number of cancellations.

	QEF Recruitment Transfer; Update on Transition Plan and Risks: The Committee noted the current position in that the formal transfer is not ready to take place due to a number of actions not being completed on the transition plan and further discussions with be held with QEF colleagues. A risk relating to the transfer of recruitment has been added to the risk register. **People & OD Metrics – IOR:** The Committee received a presentation that highlighted the key areas of focus across a number of areas. It was noted that the coaching demand now matches supply, the leading well cohort capacity has increased from 12 to 16 and 43 managers have completed the TED team engagement training. There is a refocused approach to absence management underway and Trust appraisal compliance is at 70.3%. **Guardian of Safeworking Q2 & Q3 Report:** The report was presented informing there were 88 exception reports in Q2 and 57 exception reports in Q3 that were raised with no immediate safety concerns. **Freedom to Speak Up Report:** This report was not received and is being followed up. **ADQM:** The Committee acknowledged the content of the reports prior to the submission to Health Education England at the end of January 2023, assessing the quality of education and training of undergraduate and post graduate trainees, both medical and multi-professional. It was noted that challenges remain time for supervisors, capacity for some consultants to oversee trainees and space for rest facilities. **Fit and Proper Person Compliance:** The Committee note that the fit and proper checks have been completed for new and existing Board Members and the checks for the new Chief Executive are in progress in line with the policy. **Items received by the Committee for information:** • People and OD Policy Schedule Update • Culture Programme Update	
Recommended actions for Board	Note main assurances against the strategic People and OD themes detailed and key associated risks.	
Trust Strategic Aims that the report relates to: **(Including reference to any specific risk)**	**Aim 1** ☐	We will continuously improve the quality and safety of our services for our patients
	Aim 2	We will be a great organisation with a highly engaged workforce

	☒	
	Aim 3 ☐	We will enhance our productivity and efficiency to make the best use of resources
	Aim 4 ☐	We will be an effective partner and be ambitious in our commitment to improving health outcomes
	Aim 5 ☐	We will develop and expand our services within and beyond Gateshead
Financial Implications:	No significant new financial implications to highlight to the Board.	
Links to Risks (identify significant risks and DATIX reference)	Three risks from the organisational risk register were reviewed: 2764 – Right People, Right place, Right skills – 16 2765 – Leadership and OD – 12 2759 – Health & Wellbeing – 12	
People and OD Implications:	As set out	

Links to CQC KLOE	Caring	Responsive	Well-led	Effective	Safe
	☒	☒	☒	☒	☒

Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☒	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments
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	Obj. 3 ☒	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve

Gateshead Health NHS Foundation Trust

Assurance Report Agenda Item: 8v

Purpose of Report	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Committee Reporting Assurance:	Audit Committee Assurance Report from Meeting held on 1 December 2022			
Name of Meeting:	Audit Committee			
Date of Meeting:	1 December 2022			
Author:	Mrs K Mackenzie, Group Director of Finance and Digital			
Executive Lead:	Mrs K Mackenzie, Group Director of Finance and Digital			
Report presented by:	Mr A Moffat, Non–Executive Director			
Matters to be escalated to the Board of Directors:	None			
Executive Summary: ***(outline assurances and gaps including mitigating actions)***	**Items received for assurance:** <u>Reference Costs</u> Deferred until the next meeting in March 2023. <u>Accounts and Reporting Timetable</u> The Committee were advised by way of a verbal update that the Month 9 report would be due by 29 January with Month 12 draft submission due on 27 April 2023. The final reporting deadline to NHS England for the accounts and year-end submissions (including the Annual Report) is expected to be 30 June 2023. The revised timetable will be present to the March 2023 Committee meeting for review. <u>Charitable Funds Accounts</u> The Committee received a verbal update advising that the Trust has appointed Robson Laidler Accountants to commence an audit which was reported to be progressing well. The Committee were advised that there were no known issues regarding the completion of this audit by 31 January 2023 at this stage. <u>QE Facilities Accounts</u> The Audit Strategy Memorandum was presented for review. The Committee acknowledged that the final accounts would require formal sign off by 31 December 2022.			

	The Committee were advised that the audit work was in progress and would be ready for submission by the deadline date. It was agreed that there would be a need to hold a QEF Board meeting and a Group Audit Committee in December 2022. <u>Executive Risk Management Group (ERMG) Update Report</u> The Committee received this update for assurance noting that the EMRG has met once since this was last reported to the Committee, a further meeting is planned for early December 2022. The Committee acknowledged that at each meeting the Organisational Risk Register (ORR) is reviewed, as well as the 15+ non-organisational risks across the Trust. It was noted that the Risk Management Strategy is in development and would be presented to a future Audit Committee. <u>Internal Audit Progress Report</u> The Committee were informed that there were 15 previous recommendations overdue with revised target dates. The number and age of outstanding audit recommendations remains a concern. The Committee were advised that there was increased focus on this issue with outstanding audit actions now a standing item on the SMT agenda. The Committee has undertaken to review in detail, yet to be completed, longstanding recommendations. At the meeting those under the responsibility of the Group Director of Finance and Digital were reviewed resulting in closure of some and clarification of others. <u>Internal Audit and Counter Fraud Effectiveness Review</u> The Committee were advised that this work is a requirement of the Code of Governance and the Committees Terms of Reference. A survey approach was taken for this review and seven responses were received. The majority of respondents found the service to be positive, professional and well informed with some learning identified. The Committee were informed that the feedback and suggestions will be discussed as part of the regular relationship meetings in preparation for next year's audit plan. <u>Counter Fraud Progress Report</u> An update report from the Counter Fraud team was presented to the Committee. Assurance was provided that the Counter Fraud workplan was progressing well and that

	the Trust benchmarked well against other trusts as part of a national exercise post-event assurance report on Covid-related centralised spending. The Committee acknowledged that two new referrals had been received since the last reporting period with an additional two referrals ongoing. The Committee that there were twelve outstanding recommendations from previous reviews and a further update would be provided in March 2023. <u>External Audit Progress Report</u> The Committee received a report from Mazars and noted that the 2021/22 audit is now complete. The Committee were informed that the 2022/23 Audit Strategy would be presented to the next Committee meeting. <u>External Audit Effectiveness Report</u> The Committee were advised that this work has been undertaken as requirement of the Code of Governance and the Committees Terms of Reference. A survey approach was taken for this review and five responses were received. Some respondents felt it was too early to provide detailed feedback with all respondents signalling that early indications were that a good service has been provided to-date. The Committee received assurance that there were no material issues or concerns to bring to their attention. <u>Constitution and Standing Order Review</u> The Committee were advised that this is a larger piece of work than originally expected and that as a result an external consultant has been appointed to assist, however, they are not able to commence this work until January 2023. <u>Schedule of Losses and Special Payments</u> The Committee approved the losses and special payments register for the period 1 July 2022 to 30 September 2022. <u>Clinical Audit Annual Report</u> The Committee acknowledged that this was a new report which would be received on an annual basis going forward noting that the Terms of Reference had been updated to reflect this. The Medical Director, Andy Beeby presented this report to the Committee. He advised that 97% of the stated audit programme has been ‘registered’ and an additional 131

<table>
<tr><td></td><td colspan="5">projects also started. 70 audit projects have also completed the first cycle.

The Committee were informed that a process has been developed by the Clinical Audit Manager to ensure there is a robust governance system in place for decision making around participation in National Audits.

<u>Audit Committee Effectiveness Review</u>
The Committee acknowledged that this work had been undertaken as a requirement of the Code of Governance and the Committees Terms of Reference. A survey approach was taken with seven responses received. Of these responses all but one responded with ‘agree’ or ‘strongly agree’.

It was noted that a review of the Terms of Reference indicated good compliance with the core remit of the Committee.

The following items were received for information:

- Proposed schedule for future meetings for 2023/24
- Audit Committee Cycle of Business
- Audit Committee Assurance Report</td></tr>
<tr><td>Recommended actions for the Board of Directors</td><td colspan="5">The Board is requested to take assurance from the work of the Committee and note the assurances, actions and decisions of the Committee in framing related items on the Board agenda.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:
(Including reference to any specific risk)</td><td>Aim 1
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<tr><td>Links to Risks (identify significant risks and DATIX reference)</td><td colspan="5">There are no significant risks on Datix relating to the business conducted at this meeting.</td></tr>
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Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	**Obj.1** ☐	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments
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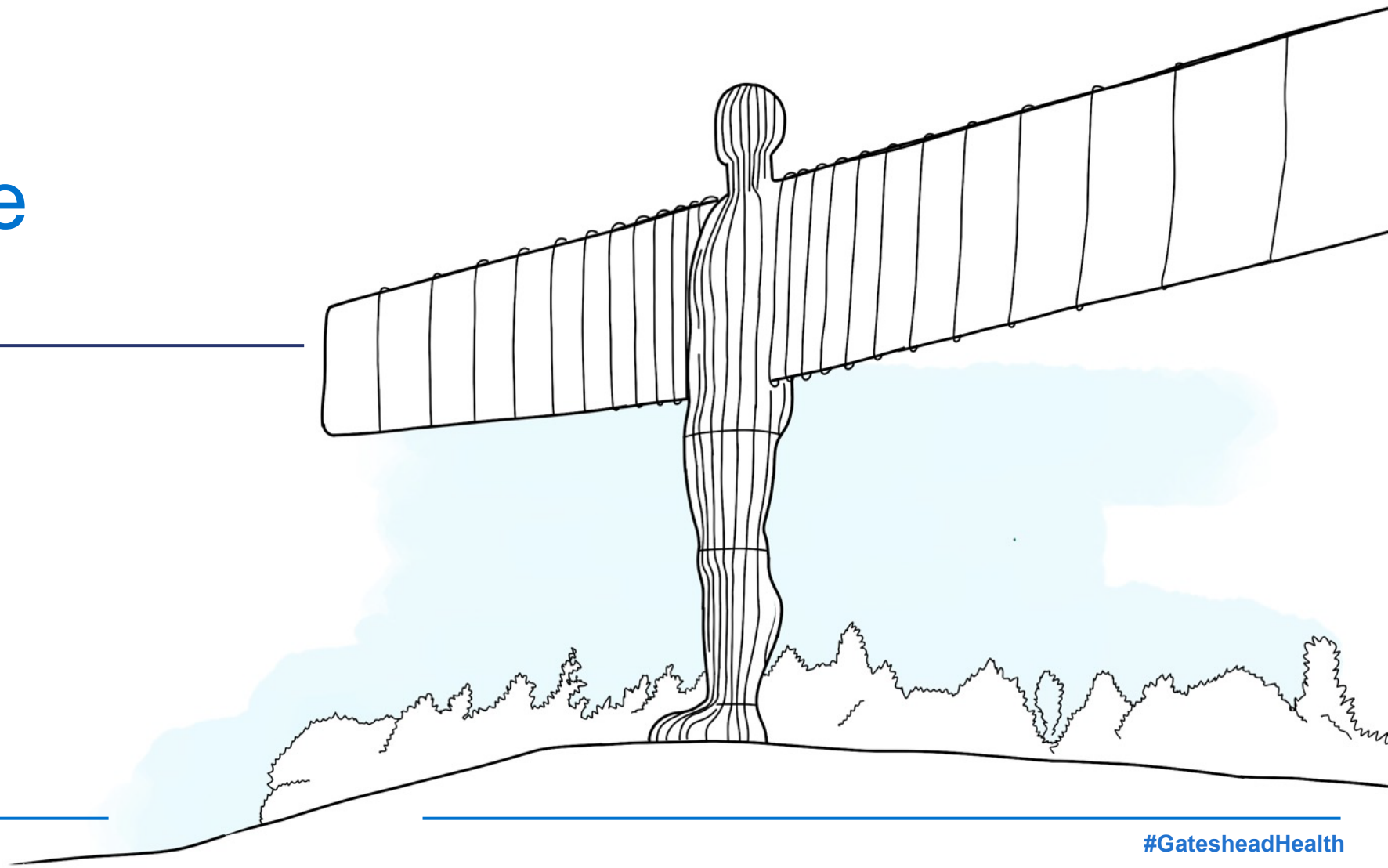
Gateshead Health
NHS Foundation Trust

Chief Executive Update

Yvonne Ormston MBE

January 2023



Performance

Gateshead Health NHS Foundation Trust

Operational performance

Urgent and emergency care

- Footfall through UEC increased to 10,377 in December from 9,575 attendances in November. December activity is on average 71 attendances per day more than last year (28.1% increase).
- 4-hour performance in December was 68.8% down from 71.1% in November.
- Significant increase in 12 hour trolley waits from 172 in November to 538 in December and 10.75% of patients spent more than 12 hours in A&E.
- The Trust reported 93 30-60 minute and 250 over 60 minute ambulance delays in December. The Trust remained 3rd top performing Trust in the (ICS) region for 30-60m ambulance handover times and 3rd for 60+ minute delays.
- Bed occupancy levels are high averaging 96.6% in December, with a daily peak of 99.4% on the 27th December.
- Patients who no longer meet the criteria to reside remain a significant issue, averaging daily 56 in December, an increase from 52 in November. Daily peak of 69 on the 17th December.
- As a result of significant escalating pressures the Trust moved to OPEL4 on the 27th December, where it remained until 12th January.
- Thank you to Hatzola for their support to our patients and teams during these challenging times.

A&E Indicators	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Monthly Trend
Attendances: Type 1	5431	6091	6034	5950	5579	5796	6254	6220	7012	
Attendances: Type 3	3323	3625	3625	3457	3427	3215	3243	3355	3365	
Total Attendances	8754	9716	9659	9407	9006	9011	9497	9575	10377	
Total Breaches	2164	2148	2212	2116	2292	2484	2918	2709	3237	
Trust Total - % seen in 4 hours	75.3%	77.9%	77.1%	77.5%	74.6%	72.4%	69.3%	71.1%	68.8%	
National Rank (Accute trusts - Lower is better)	23	20	19	16	29	33	38	31	25	
12 hour trolley waits (DTA breaches)	71	4	11	18	36	164	134	172	538	
Volume in department > 12hours	252	108	193	213	318	703	731	738	1116	
A&E >12hour waits (target <2%)	2.88%	1.11%	2.00%	2.26%	3.53%	7.80%	7.70%	7.71%	10.75%	
Average bed occupancy	94.4%	92.8%	94.4%	95.1%	96.0%	96.8%	96.7%	96.5%	96.6%	
Peadiatric Type 1 Attendances (number)	879	1101	1109	1107	749	886	1070	1388	2030	
Peadiatric Type 1 Attendances (% of all attendances)	10.0%	11.3%	11.5%	11.8%	8.3%	9.8%	11.3%	14.5%	19.6%	

Ambulance Arrivals and handover delays	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Monthly Trend
No. Patients arriving by Ambulance	1619	1803	1733	1748	1760	1753	1708	1679	1563	
% of handovers <15 Minutes	44.1%	46.7%	45.1%	42.5%	45.8%	38.2%	34.7%	33.6%	24.7%	
% of handovers 30-60 Minutes	94.9%	98.4%	97.3%	95.9%	97.1%	93.0%	92.9%	92.2%	93.4%	
Number of >30 Minute Breaches	72	26	40	63	45	106	112	114	93	
Number of >60 Minute Breaches	62	10	17	37	36	123	110	155	250	

Performance benchmarking

Gateshead Health NHS Foundation Trust

	GHFT Benchmarking Figure									GHFT Benchmarking Position										
	May IOR	June IOR	July IOR	Aug IOR	Sep IOR	Oct IOR	NOV IOR	Dec IOR	Jan IOR	Rank out of:	Rank is better if:	May IOR	June IOR	July IOR	Aug IOR	Sep IOR	Oct IOR	Nov IOR	Dec IOR	Jan IOR	Trajectory (May to Jan)
A&E 4 hour waiting time target	75.3%	77.9%	77.1%	77.5%	74.5%	72.5%	69.3%	71.7%	68.8%	139 - All Type 1 NHS Providers	Lower	23	20	19	16	29	33	38	31	25	Worsened
Latest weekly PTL: patients waiting >104 weeks	0	0	0	0	0	0	0	0	0	8 Providers in ICS	Lower	1	1	1	1	1	1	1	1	1	No change (Best Rank)
Latest weekly PTL: patients waiting >52 weeks	50	60	73	75	58	91	89	95	99	8 Providers in ICS	Lower	2	2	3	3	2	3	3	3	3	Worsened
Latest weekly PTL: patients waiting >62 days for cancer treatment	63	65	57	68	64	63	57	43	59	8 Providers in ICS	Lower	1	1	1	1	1	1	1	1	1	No change (Best Rank)
62 day backlog as % of waiting list	8.7%	9.1%	9.3%	10.2%	8.3%	6.7%	7.9%	5.3%	7.7%	139 - top 20 under NHSE/I scrutiny	Higher	73	75	69	59	83	106	99	113	106	Improved

- In 3 of the 5 metrics, we have either improved, or there is no change (in both these metrics the Trust is ranking in the top position).
- The table continues to show a worsened picture in relation to our benchmarked position for A&E 4-hour target (reflecting the pressures being observed in A&E) however overall position in December was in the top performing quartile nationally, and 52-week waiters.
- Note: for 62-day cancer backlog the methodology has changed nationally – now backlogs <150 are excluded from rankings for the top 20, meaning GHFT cannot enter the top 20. The 'Top 20' trust rankings are adjusted with several trusts excluded – those ranked in the table this are not adjusted and represents our position nationally for all Trusts.

CEO and Executive Team Updates

- CEO Meetings and visits - internal:
  - Obstetrics and gynaecology consultant meeting
  - Attended Chief Nursing Officer awards
  - Corporate induction
  - Meeting with consultants
  - Walkabout on site
  - One-to-one meetings with Executive Directors
- CEO Meetings - external:
  - Meetings with ICS chief executives (NHS and local authority)
  - Chaired Local A&E Delivery Board
  - Pathology Network Board meeting
  - Provider Collaborative leadership Board
  - National Pathology Committee
  - Meeting with Gateshead system leaders
  - CEO strategic session
  - NHS England Regional Roadshow

- **Executive Management Team (EMT)**
  - Following a number of workshops, the terms of reference for the Executive Management Team have been newly devised.
  - They reflect the changed role of EMT now that the Senior Management Team (SMT) has become more embedded and established.
  - The terms of reference have been approved at EMT and are included for Board ratification (Item 9.1).
  - It is recommended that the Board ratify these terms of reference.

NHS
Gateshead Health
NHS Foundation Trust

Celebrating success

Ranked 8th in England for our maternity services in latest CQC national survey

The Telegraph

Gateshead Health NHS Foundation Trust

We have ranked your trust as **12th out of 120** in England for its overall performance against key duties of care to its patients

Dr Ruth Sharrock appointed as National Health Inequalities CORE20PLUS5 Ambassador

Better Health at Work Award
Silver Award

Gateshead Health NHS Foundation Trust

Industrial action

- RCN industrial action took place at the Trust on 15 and 20 December.
- Significant amount of planning to ensure that patients could continue to rely on safe and high quality care.
- Further RCN action this month on 18 and 19 January, but focussed on the south of the region.
- RCN action on 6 and 7 February will include Gateshead (includes all trusts in the region who returned positive ballots).

- North East Ambulance Service (NEAS) strike action took place on 21 December and 11 January, with further action planned for 23 January.
- Colleagues worked hard to minimise handover delays and release ambulance crews as quickly as possible.
- New ambulance strikes announced for February and March, including one on 6 February – the same date as the RCN strike.

- The BMA junior doctor ballot opened on 9 January and the outcome is awaited.

Regional developments

- Provider Collaborative update:
  - **System pressures** – recognition that all trusts were responding to significant pressures and therefore limited options for mutual aid.
  - Provider Collaborative focussing on actions to **support timely discharge** of medically optimised patients, as well as immediate and long-term capacity and demand planning.
  - **Meeting with each trust individually** to ascertain what help and support is required in respect of elective care and inform planning for 2023/24.
  - Work on the **aseptics manufacturing hub** continues (see separate update to Board).
  - Further **collaborative working proposals** such as agency cost reduction and shared purchase of goods underway.

Gateshead Health NHS Foundation Trust

National developments

- Government announcement of **£200m funding for discharging patients from hospital beds into step down beds** to improve patient care and system flow.
  - ICBs expected to deliver reductions in the patients who do not meet the criteria to reside, as well as improvements in patient flow, leading to reductions in A&E waiting lists and handover delays.
  - Arrangements in place for patients up to and including 31 March 2023.
- Health Education England **funding confirmed for the first 200 apprentices to train as doctors** over the next 2 years. Provides an alternative route into medicine where people can train and earn a wage at the same time. Apprenticeship will take 5 years and up to £50k will be available for each apprentice.
- **Planning guidance** released on 23 December. The technical guidance has been partially released, with further details awaited in respect of the financial plan requirements,.
  - Systems and providers are asked to submit five-year joint forward plans before the end of March 2023 with a publication date of 30 June 2023 (for year 1).
  - First activity submission due on 9 February with the financial plan draft submission due later in the month.
  - System plans should be signed off by ICB and partner trust and foundation trust boards.

Sub-Group

Terms of Reference

Gateshead Health NHS Foundation Trust

Executive Management Team Meeting

Constitution and Purpose – Executive Management Team (EMT) undertakes an executive leadership role on behalf of the Board of Directors. It is responsible for making management decisions on issues within the remit of the executive directors and to support individual executive directors to deliver their delegated responsibilities by providing a forum for briefing, exchange of information and resolution of issues.

EMT is authorised by the Board of Directors to investigate any activity within its Terms of Reference. Any decisions of EMT shall be taken on a majority basis. All members of the Group have an equal vote. In the event of a tied vote, the Chair of the meeting will hold the casting vote.

Date Adopted / Reviewed	December 2022
Review Frequency	Annually
Review and approval	EMT – December 2022
Adoption and ratification	Board of Directors – January 2023

Membership	EMT shall consist of: • Medical Director, who shall chair the meeting • Chief Executive • Chief Operating Officer • Group Director of Finance and Digital • Executive Director of People and Organisational Development • Chief Nurse In the absence of the Medical Director, another member of EMT shall be designated as the Chair.
Attendance	The following will be expected to attend EMT on a routine basis: • QE Facilities' Managing Director Executive Directors should ensure that a nominated deputy attends in their absence.

	Senior Managers may be invited to attend meetings depending upon the issues under discussion.
Meeting frequency and quorum	Meetings shall be held **weekly** and as required by any relevant regulatory requirements. To be quorate there should be at **least 3 members** present (deputies do not count for quorum purposes for this meeting). Members and regular attendees are expected to achieve **75% attendance** annually.
Meeting organisation	EMT shall be supported administratively by the PA to the Chief Executive and Chair. As a minimum papers will be circulated to members at least 1 full working day in advance of the meeting (recognising that this is a weekly meeting). Notes of the meetings are circulated (alongside the agenda for the following meeting), to members and attendees.

Duties and responsibilities	
Performance, people and finance	Oversight of the Trust's **performance** via: • A review of the IOR, focussing on the main strategic issues across operational performance, quality and people. Each responsible Director will outline exceptions within their subject area for EMT discussion and scrutiny and issues may be delegated to the Senior Management Team (SMT) to resolve. • Review of patient safety metrics and serious complaints. • Review of the monthly finance and capital report • Monthly review of sensitive people metrics relating to suspensions, disciplinaries, tribunals etc. • Review of the quarterly oversight packs and outcomes from each quarterly oversight meeting • Escalations from the Senior Management Team regarding material unmitigated risks relating to performance
Strategy, planning and development	Discussion on **emerging strategic developments / opportunities / risks / threats** which require confidential debate to form an initial corporate view before wider discussion at other forums. **Monitoring of strategic proposals / projects for which EMT designates itself as the monitoring body** (i.e. for sensitive / confidential strategic

	proposals / projects not suitable for monitoring elsewhere in the governance structure). EMT should set the frequency for updates and a review point where such projects may be considered for monitoring more routinely by an alternative body. Sharing of **feedback, intelligence and agreed actions** from attendance at **external system and place-based meetings**, to include: • ICS updates – including ICB and ICP updates • Gateshead place-based updates – including Gateshead Cares Board
Governance, risk and regulation	Review of **Trust Board, Council of Governors and Board committee agendas**. This provides an opportunity for pre-discussion on issues, risks and items requiring decision prior to the meetings. For the Board of Directors this should include discussion on items Directors propose to raise under the 'Confidential Board Business' item in Part 2. **Feedback following each Trust Board, Council of Governors and Board committee meeting**, focussing on items of escalation or where additional risks have been identified. To **review emerging information, intelligence and reports from regulators**, including CQC and NHS England, where there are potentially material implications for the Trust which require a corporate view to be formed.
Director updates by exception	To act as a setting for individual directors to deliver their delegated responsibilities by **providing a forum for briefing, exchange of information and resolution of issues.** This could include issues which are highly sensitive in nature or require a corporate view to be formed. There is an expectation that such issues will be followed by with a paper to the next meeting of EMT.

Reporting and monitoring	
Sub-groups	The following sub-groups report into this Group: • Senior Management Team • Quarterly Oversight Meetings As members of EMT are all also members of SMT and in attendance at Quarterly Oversight Meetings there is no requirement for routine written summaries to be provided, although the PA to the Chief Executive and

	Chair should be formally notified by the SMT chair of any items for escalation via the completion of an SMT escalation form. EMT can establish time-limited task and finish groups with delegated responsibility to undertake specific work on behalf of EMT.
Reporting	The Chief Executive's confidential update to the Part 2 Board of Directors' meeting should incorporate any key updates from EMT which have not already been shared via other forums (e.g. Board committees).
Monitoring	Compliance with the terms of reference will be reviewed via an annual self-assessment. This will inform any proposed revisions to the terms of reference and the cycle of business. The outcome of the effectiveness and terms of reference review is presented to the Board of Directors following consideration by EMT.

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 10i

Report Title:	**Corporate Objectives Delivery Update**			
Name of Meeting:	Board of Directors			
Date of Meeting:	25 January 2023			
Author:	Executive Directors			
Executive Sponsor:	Executive Directors			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	To provide assurance over the progress made in delivering the corporate objectives for 2022/23.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Board committees have considered the objectives which have been mapped to them (note that the People and Organisational Development Committee have not reviewed the latest iteration prior to Board).			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• The Board of Directors approved the corporate objectives in May 2022. • Corporate objective delivery action plans have been developed by the Executive Director owners of each of the objectives since this time. • They have been reviewed by the relevant Board committee. • This report presents an overview of the progress in the form of the updated action plans demonstrating the delivery of each of the 11 corporate objectives in place for 2022/23.			
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	The Board is requested to review the accompanying action plans and the summary contained within this report, being assured that progress is being made towards the delivery of the corporate objectives, whilst noting an element of risk in relation to some sub-actions.			

Trust Strategic Aims that the report relates to:	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce			
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	All				
Links to CQC KLOE	Caring ☒	Responsive ☒	Well-led ☒	Effective ☒	Safe ☒
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	Risks which may pose a threat to the delivery of the corporate objectives are recognised via the Board Assurance Framework (Item 13ii).				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐		**No** ☐		**Not applicable** ☒

Corporate Objective Delivery Update

1. Introduction

1.1. The Board of Directors approved the Trust's corporate objectives for 2022/23 at the May 2022 meeting.

1.2. It was agreed that Executive Leads would populate corporate objective action plans which would be presented to Board committees to provide frequent assurance over the progress made in delivering the identified actions which support the overall delivery of each of the 11 corporate objectives.

1.3. This report updates the Board on the current position following the last update in September 2022.

2. Summary of progress

2.1. The following table summarises the progress made towards the delivery of the actions which in turn support the delivery of the corporate objectives. **Note that actions can be both identified as 'some risk' / 'overdue' and 'work in progress', and therefore the total number of status updates can exceed the number of actions**. The numbers in brackets show the position reported to the Board in September 2022.

Objective	Assurance Committee	Total no of sub-actions	Overdue	Some risk	Work in progress	Action complete
SA1.1 Continue to improve our maternity services in line with the wider learning from the Ockenden review	Quality Governance Committee	4	0 (0)	1 (1)	2 (2)	2 (2)
SA1.2 Continuous Quality improvement plan	Quality Governance Committee	3	0 (0)	3 (3)	3 (3)	0 (0)
SA1.3 Digital where it makes a difference	Digital Committee	6	0 (0)	0 (1)	5 (4)	1 (1)
SA2.1 Protect and understand the health and well-being of our staff by looking after our workforce	People & Organisational Development Committee	9	0 (0)	5 (5)	3 (3)	1 (1)
SA2.2 Growing and developing our workforce	People & Organisational	8	0 (0)	3 (3)	4 (3)	1 (1)

Objective	Assurance Committee	Total no of sub-actions	Overdue	Some risk	Work in progress	Action complete
	Development Committee					
SA2.3 Development and Implementation of a Culture Programme (2-3 year Programme)	People & Organisational Development Committee	9	(0)	1 (1)	7 (7)	1 (1)
SA3.1 Improve the productivity and efficiency of our operational services through the delivery of the New Operating Model and associated transformation plans	Finance and Performance Committee	3	(0)	3 (3)	3 (3)	0 (0)
SA3.2 Achieving financial sustainability	Finance and Performance Committee	4	(0)	4 (4)	4 (4)	0 (0)
SA4.1 Tackle our health inequalities	Quality Governance Committee	5	0 (0)	0 (0)	5 (5)	0 (0)
SA4.2 Work collaboratively as part of Gateshead Cares system to improve health and care outcomes to the Gateshead population	Quality Governance Committee	5	0 (0)	0 (0)	1 (2)	4 (3)
SA5.1 We will look to utilise our skills and expertise beyond Gateshead	Finance and Performance Committee	1	1 (0)	0 (0)	1 (1)	0 (0)
TOTALS		**57**	**1 (0)**	**20 (21)**	**38 (37)**	**10 (9)**

2.2. In summary there is one overdue action, which relates to the development of the commercial strategy, which is an action led by colleagues at QE Facilities. This is behind schedule due to capacity constraints although work has been progressed since the last update in September 2022.

2.3. One additional action has been completed since the last update in September 2022. This relates to ensuring that there are Trust representatives on each

Gateshead Cares system workstream who are able to report back to the Senior Management Team and Executive Management Teams. This is now in place.

2.4. A significant number of actions have a target date of March 2023 and therefore it is anticipated that a greater volume of actions will be completed by the next update to Board, albeit recognising that operational and financial pressures have had an impact upon delivery of some actions.

2.5. Board committees will continue to monitor the delivery of the action plans, with the next update due to be presented at Board in March 2023.

3. Recommendations

3.1. The Board is requested to review the accompanying action plans and the summary contained within this report, being assured that progress is being made towards the delivery of the corporate objectives, whilst noting an element of risk in relation to some sub-actions.

Strategic Aim	**1. We will continuously improve the quality and safety of our services for our patients**
Committee	**Digital**
List Objectives	**SA1.3 Digital where it makes a difference**

				Quantity		0	0	5	1			
Objective	**Summary of Actions**	**How**	**Action Owner**	**Start Date**	**End Date**	**Overdue**	**Some Risk**	**Work in Progress**	**Action Complete**	**Completion Date**	**Expected Outcomes/measures**	**Comments/progress**
SA1.3 Digital where it makes a difference	Increasing digitisation of our services where it adds value, increases safety and improves the patient experience	Develop a digital delivery plan adjusted for capacity, with change control in place by Oct 2022	AA	Apr-22	Oct-22					08/12/2022	Achievement of the Digital Strategy	The plan has been baselined and approved by DTG on 08/12/22, this will be updated moving forward to track progress
	Increasing digitisation of our services where it adds value, increases safety and improves the patient experience	Manage the digital delivery plan to support the Trusts transformation programme	AA	Apr-22	Mar-23							Key digital representation has been identified to attend elective care and outpatient boards. This work will feed in to planning, DTG to review and oversee.
	Investing in the skills our people and patients need to use these tools	Develop a digital service workforce development plan	AA	Dec-22	Mar-23							Talent management discussions have started in Dec 22, with a view to implement Scope for Growth talent management as part of the Trusts pilot.
	Investing in the skills our people and patients need to use these tools	Develop a digital skills and inclusion plan for staff and patients	AA	Dec-22	Mar-23							Discussions to begin Jan 23
	Make the best use of the systems and data to continuously improve the clinical care provided	Develop a data quality plan and indicators that provide assurance on clinical systems use	DT	Apr-22	Mar-23							Some digital indicators developed and built into DAG reporting. This will be shared with service representatives to support an increase in this area.
	Make the best use of the systems and data to continuously improve the clinical care provided	Develop a systems exploitation plan for the core systems	DT	Nov-22	Mar-23							Not started

Strategic Aim	**3. We will enhance our productivity and efficiency to make the best use of our resources & 5 We will develop and expand our services within and beyond Gateshead**
Committee	**Finance and Performance**
List Objectives	**SA3.1 Improve the productivity and efficiency of our operational services through the delivery of the New Operating Model and associated transformation plans; SA3.2 Achieving financial sustainability; SA5.1 We will look to utilise our skills and expertise beyond Gateshead**

				Quantity		1	7	8	0			
Objective	**Summary of Actions**	**How**	**Action Owner**	**Start Date**	**End Date**	**Overdue**	**Some Risk**	**Work in Progress**	**Action Complete**	**Completion Date**	**Expected Outcomes/measures**	**Comments/progress**
SA3.1 Improve the productivity and efficiency of our operational services through the delivery of the New Operating Model and associated transformation plans	The associated New operating Model transformation programmes will be delivered demonstrating an impact on key performance indicators	monitored through the New Operating Model (NOM) programme board and Trust Transformation Board. KPI's to be monitored through the IOR	JMB	Apr-22	Mar-23			3			**Improvement in the Responsive indicators in the Integrated Oversight Report**	The programme is a 2-3 year programme however timescales for delivery of each element available Update paper was presented to the Board in September 2022 Detailed update to Transformation Board in January 2023. NOM is on track with some risk due to capital slippage (outwit Trust control) and unprecedented operational pressures over winter. Benefits realisation assessment is in place. Key metrics on track include - reduction in emergency admissions; reduction in length of stay; improved discharge process; reduction in waiting lists; theatre utilisation greater than 85% and delivery of the elective recovery programme.
	Ensure estates changes relating to the new operating model are realised	working collaboratively with QEF and Business units to realise plans	JMB	Apr-22	Mar-23			3				Update paper was presented to the Board in September 2022. Detailed update to Transformation Board in January 2023. As outlined in above action, there is a risk of slippage on capital due to factors outwit our control - increasing costs and shortage of materials.
	Realising the recruitment to the new operating model	working collaboratively with POD and Business units to realise plans	JMB	Apr-22	Mar-23			3				Workforce challenges have been referred to People and OD Committee by F&P and being discussed at Sept Committee Agreed that this is a Board priority area and presentation on workforce supply scheduled for January Board Circa 62 vacancies remain in Medicine, noting that a number of previous vacancies have been filled. Continued vacancies means some risk remains and also increases the risks associated with the use of bank and agency.
SA3.2 Achieving financial sustainability	Development of a 3 year financial strategy for Gateshead	Through internal and external discussion and assessment of the environment. To be drafted and then consulted on by the senior finance team.	KM	Aug-22	~~01/12/2022~~ Jan 23			3			**Achievement of the annual financial plans** **The development of the longer term strategy to manage recurrent position**	Development of the financial strategy ongoing with intention to bring to December committee meeting. Jan 23 - Draft financial strategy is being presented to January's committee meeting and will be considered with all other enabling strategies at the Board Strategy session on the 9th Feb 2023. Revised date approved by the Board in Sept 22.
	Full assessment of the underlying recurrent position to inform the financial strategy	Review of current spending patterns and recurrent / non recurrent forecast	JF	Aug-22	01/10/2022 although this is a continuous process			3				Ongoing work as part of the North ICP network. Jan 23 - Working closely with our partners in the system in responding to the annual planning guidance that has been issued. This covers a 12 month period. Working internally on the underlying financial position as part of the financial strategy rolling project. SMT workshop taking place on the 26th January which is focussing on longer term financial sustainability of Gateshead.
	In year actions to achieve / meet the financial plan for 2022/23 in both revenue and capital	Financial accountability framework, robust budgetary monitoring and reporting to F&P. Robust assessment of capital priorities (financially) and in CRP	KM	Apr-22	Mar-23			3				Financial accountability framework in place. CRP workshop scheduled for 6th October. Work underway to assess and strengthen offer of support from financial reporting. Jan 23 - Additional finance workshop taking place on 26th Jan to address underlying position and financial sustainability of organisation. Robust forecasting is no reducing the parameters of the year end forecast position and this has enabled discussion to take place with system partners. Negotiations are taking place with the ICB regarding potential to revise forecast outturn but also receive further income via distribution of additional system funding.

Strategic Aim	**2. We will be a great organisation with a highly engaged workforce**
Committee	**People and OD**
List Objectives	**SA2.1 Protect and understand the health and well-being of our staff by looking after our workforce; SA2.2 Growing and developing our workforce; SA2.3 Development and Implementation of a Culture Programme (2-3 year Programme)**

				Quantity		0	9	13	3			
Objective	**Summary of Actions**	**How**	**Action Owner**	**Start Date**	**End Date**	**Overdue**	**Some Risk**	**Work in Progress**	**Action Complete**	**Completion Date**	**Expected Outcomes/measures**	**Comments/progress**
SA2.1 Protect and understand the health and well-being of our staff by looking after our workforce	Delivery of the HWB strategy	Review and assess the HWB responses in the staff survey: My organisation takes positive action on health and well-being from 60.2% to 65% My immediate manager takes a positive interest in my health and well-being from 67% to 71% My organisation is committed to helping me balance work and home life from 44.7% to 50%	DJ	Aug-22	Jan-24						**Delivery of the Health and Wellbeing Strategy and Future Priorities**	Target figures have been selected to be ambitious, achievable and ultimately take Gateshead from above the national average in scoring to a leading organisation. The new health and wellbeing strategy creates action and commitment towards positive action. Managing Well provides an in-road into standardising manager approach, while new policy on promoting attendance is in place to support work/life balance. Currently awaiting 2022 staff survey results to enable measurement of progression or adapt areas of focus.
		Support and promote seven campaigns annually: #BeatTheBlues (January), International Women's Day (March), Stress Awareness Month (April), Mental Health Awareness Week (May), Walking Month (May), World Menopause Day (October), International Men's Day (November)	DJ	Jan-22	Jan-23			3				At the start of each year the health and wellbeing team confirms key campaigns for the year ahead, before meeting monthly to agree on support/coverage of other relevant events. Further campaigns may also be added reactive to arising needs or in order to help obtain other objectives - such as the Better Health at Work Award. 2022 campaigns now complete. Calendar confirmed for 2023. Includes new financial wellbeing campaign set to launch imminently in response to developing needs of colleagues.
		Relaunch HWB conversations and monitor uptake via appraisal returns and increase returns from 49% in staff survey to 85%	DJ	Aug-22	Aug-23							Updated Appraisal Form includes a question within the final checklist asking appraisees to confirm that a HWB Conversation has taken place. This will be captured within ESR, which will allow central monitoring although this is unlikely to be rolled out in time to see a direct correlation within the Staff Survey data. It is hoped the continued communication surrounding HWB Conversations and the guidance offered at Managing Well will result in an reported increase within the 2022 Staff Survey Currently awaiting staff survey 2022 results to measure progress. New appraisal process and documentation launched through L&D now includes prompts to ensure a check-in takes place at least annually, and has now launched across the Trust.
		Launch and promote listening space, monitor usage and seek feedback from users on their experience reports from ID system on usage for baseline	DJ	Jul-22	Dec-22			3				Listening Space launched August 2022, with an events calendar currently in development. Health and wellbeing team now receiving weekly usage reports to help monitor general figures of usage. Staff Networks using space monthly for meetings. Citizens Advice on-site weekly to provide financial advice. Gateshead College providing free treatments in Listening Space Weekly. Space has also been used in response to major incidents.
		Provide access to hot food 24/7	TP							01/06/2022		Steam vendors now in situ, with issues surrounding stock levels rectified.
		Ensure KPIs for waiting times for occupational health services are met and strive to exceed these: Counselling (Contact made within 5 days) MSK clinics (10 working days) Physiotherapy (10 working days)	CH	Oct-22	Oct-23							MSK Clinics continue to achieve a 10 working day target. Currently the physiotherapist offers an appointment within 1 working day, the service has not yet officially been launched. Counselling services, we no longer use Talk Works for staff to access counselling, we have the equivalent of 1 WTE counsellor in post. We are not yet achieving contact made in 5 days. We are currently putting together a letter of acknowledgement, to send to staff who refer into counselling to advise of all support available.
		Deliver a successful campaign and ensure 85% of staff are vaccinated	CH	Oct-22	Jan-23							The Trust Flu and COVID booster campaign is now complete. 54.4% of frontline HCW were vaccinated against flu and 29.70% off staff vaccinated with a COVID19 booster. Our uptake is reflective of the other Trusts in the region as well as nationally.
		Grow and support the network of HWB ambassadors audit action	DJ	Jul-22	Jan-23			3				Work underway to review and continue to develop this support offer. Audit action regarding promotion of health and wellbeing ambassadors through a dedicated area on the health and wellbeing website now complete. Health and wellbeing team continuing to engage with its ambassadors through dedicated monthly meetings, regular digital communication and group chat. Mental Health First Aider training being delivered to colleagues throughout the organisation starting February 2023.

	Reduction in sickness absence new suite of metrics for managers differentiate between covid and non covid absence review new policy in 6 months time Roll out training for managers	CS	Apr-22	Dec-22					Policy implemented 1st June 2022. Policy refresh from 1st July 2022 – agreed and effective from 1st October 2022. Collective leadership approach and engagement piece of work throughout October with Business Units. Focused piece of work on short term absence began 1st November 2022 and runs until 31 January 2023 and will be review February 2023. Monthly LTS Clinics set up for 12 month period with target setting approach via Case Reviews. Early indication Absence variance is reducing. Professional training for managers delivered by capsticks and is ongoing. Bespoke sessions designed for Matrons and SLM's and to be delivered from end of February 2023.

SA2.2 Growing and developing our workforce	Improvements in the WRES/WDES for delivering improved staff experience	To be inserted from WRES/DRES action plan	KS	Apr-22	Mar-23						Development of a People strategy; Reduced workforce gaps; Improved responses to staff survey	Staff survey 2022 analysis in progress which will identify whether improvements have been achieved
	A reduction in vacancy rates and staff turnover	Improve understanding of why people leave	LH	Jul-22	Oct-22			3				People Analyst in post. Analysis took place and presented in September 2022 reviewing 12 months to 31 August 022. Dashboard in development to include this as a metric regularly reported on.
		Develop retention plans	NB	Oct-22	Mar-23			3				Retire and Return Process under review Nurse Rotation Programme being scoped
		Develop a comprehensive strategic workforce plan	NB	Apr-22	Mar-23							Data shared with WSP Deep Dive into ECC completed Meetings scheduled throughout January 2023 to gather further intelligence from Business Units Roll out across the trust to be scoped
		Roll out of E-Rostering for Medical Workforce	FC	Apr-22	Mar-23							New end user view implemented based on feedback Project Manager (with Medical Staffing experience) assigned by Zebra who will work alongside Medical Staffing Manager to support the role out of Zebra across the trust. Zebra Roadshow to increase engagement: Junior Doctor Forum 26th January 2022 + another date TBC Implementation plan to be revisited ahead of next Programme board for discussion and agreement of next steps.
	Increase in annual staff survey % of staff experiencing opportunities for career and skills development.	Deliver 10 Managing well cohorts	L&D	Apr-22	Mar-23					01/08/2022		The 10 cohorts originally planned was reached by August 2022. 19 cohorts have now been delivered with 237 managers being trained in total.
		Achieve 85% compliance for Appraisal and core skills	SMT	Apr-22	Sep-22							As at 15/12/2022 overall appraisal compliance rate sat at 69.59% and core skills at 79.64%. This is reported on and reviewed monthly by SMT.
		Maximise Apprenticeship levy. and reduce expiring funds	SN	Apr-22	Mar-23			3				Significant reduction in expiring funds. Apprenticeship strategy will be incorporated into People Strategy.
SA2.3 Development and Implementation of a Culture Programme (2-3 year Programme)	Programme Plan to be developed and ratified at Transformation Board	Align with the NHSE Culture & Leadership Programme Plan, complete Stage 1 (Scoping) and Stage 2 (Diagnostic) by 31 March 2023.	LF	Jun-22	Jun-23			3			Programme Plan to be developed and ratified at Transformation Board Launch and embedding of strategy, values and behaviours within the people infrastructure i.e. appraisals, policies, development plans, recruitment Improvement in annual/pulse survey results – particularly in the area of psychological safety measures	Revised approach. Culture Programme overview agreed, with 6 key workstreams. Programme Managers in place, SRO recruitment underway
		Provide assurance to the Transformation Board via monthly Highlight Reports outlining the work of the Culture Team.	LF	Jun-22	Jun-23			3				Underway and being incorporated into the wider plan.
	Launch and embedding of strategy, values and behaviours within the people infrastructure i.e. appraisals, policies, development plans	Launch the new Trust Vision, Values, Behaviours and underpinning Strategy.	HF	Jan-22	May-22							Complete.
		Embed the values and new behavioural framework within the revised Appraisal process, ensuring they also feature within development and talent conversations.	LF/SN	Jun-22	Jun-23			3				Underway and being incorporated into the wider plan.
		Introduce value-based recruitment across all roles within the organisation.	NB	May-22	Jun-23			3				VBR pilot led by Sandra Burrell. Wider roll out now underway across the organisation.
	Improvement in annual/pulse survey results – particularly in the area of physiological safety measures	Launch the Leading Well development programme and deliver to a new cohort each month	SG	Sep-22	Jun-23			3				Launch planned for 12 September 2022, with a monthly delivery plan in place. 3 cohorts taken place to date, January cohort stood down due to OPEL 4, plan to reschedule this cohort, to keep in line with the monthly delivery schedule.
		Pilot the TED Engagement Tool, with 30 teams across the Trust, bringing focus to improving team engagement.	SC	Aug-22	Aug-23			3				10 Team Facilitators trained by LTHT in Sept. TED tool launched in Oct 2022. 35 team leaders trained in Oct / Nov & Dec. More cohorts planned from Feb. Piloting 1 to 1 team leader training with 2 teams. 6 current live TED surveys.
		Engagement score within the Annual Staff Survey to be within the top 20% of our benchmark group.	LF	Apr-22	Apr-23							To be confirmed once the national results are published. Trust achieved 51% completion of the 2022 survey, the highest recorded to-date.
		Increase the 2022 Annual Staff Survey response rate by at least 8 percentage points, which would equate to a 55% response rate and align with the 2021 increase in engagement.	LF	Sep-22	Nov-22			3				Increased by 4 percentage points representing highest responses rate for the Trust and in acknowledgement of a number of challenges faced during the survey window.

Strategic Aim	**1. We will continuously improve the quality and safety of our services for our patients & 4 We will be an effective partner and be ambitious in our commitment to improving health outcomes**
Committee	**Quality Governance Committee**
List Objectives	**SA1.1 Continue to improve our maternity services in line with the wider learning from the Ockenden review; SA1.2 Continuous Quality improvement plan; SA4.1 Tackle our health inequalities; SA4.2 Work collaboratively as part of Gateshead Cares system to improve health and care outcomes to the Gateshead population**

				Quantity		0	4	11	6			
Objective	**Summary of Actions**	**How**	**Action Owner**	**Start Date**	**End Date**	**Overdue**	**Some Risk**	**Work in Progress**	**Action Complete**	**Completion Date**	**Expected Outcomes/measures**	**Comments/progress**
SA1.1 Continue to improve our maternity services in line with the wider learning from the Ockenden review **Executive Lead - Chief Nurse**	Understand where we have gaps against the immediate and essential actions in the second Ockenden report	baseline gap analysis of Immediate and essential actions to be completed	LH	Apr-22	Jul-22						**Delivery of the 19 safety priorities and improvement in the maternity metrics outlined and reported in the IOP**	Gap analysis completed and assurance provided to the Quality Governance Committee in August 2022
	Monitor the midwifery and support staffing levels within the service	Use Birth Rate plus to establish the number of midwives required to provide safe services	LH	Apr-22	Mar-23							
	Implement second maternity theatre	Ensure that maternity theatre is appropriately commissioned and opened	KH/AR	Apr-22	Dec-22							Second maternity theatre opened in mid-August
	Implement the IEAs in the second Ockenden report	monitor implementation of IEAs at the SafeCare, Risk and Patient Safety Council	GF	Apr-22	Mar-23							Frequent monitoring occurring throughout the governance structures
SA1.2 Continuous Quality improvement plan **Executive Lead - Chief Nurse**	Implement the Quality Account Priorities	Develop a Quality Account implementation action plan	GF	Apr-22	Mar-23						**Quality Account Priorities achieved**	Implementation action plan developed and progress is being tracked
	Monitor Quality Account Priorities implementation	Monitor the implementation plan for the Quality Account Priorities at SafeCare, risk and Patient Safety Council	GF	Apr-22	Mar-23							Report to SafeCare Risk and Safety Council in Nov 22, followed by report to QGC in Dec 22.
	Governors are involved in the assessment of the Quality Account for 2022/23	Invite the governors to comment about progress towards the delivery of the quality account priorities	GF	Mar-23	Mar-23							Meeting held with one of the public Governors to obtain feedback on the current process and discuss suggestions for 22/23. Quality priorities discussions planned for Governor workshop on 30 January 23
SA4.1 Tackle our health inequalities **Executive Lead - Medical Director**	Restoring NHS services inclusively: where performance reports will be broken down by patient ethnicity and index of multiple disadvantage quintile, focussing on unwarranted variation in referral rates, waiting lists for assessment, diagnostic and treatment pathways, immunisation, screening and late cancer presentations.	Scoping exercise to look at available data through current collection on careflow and nerve centre.	AB	Apr-22	Mar-23						**The delivery of an agreed health inequalities action plan**	Initial scoping reported to the Health Inequalities Board. Health Inequalities workshop planned for 11 October 2022. Regular updates provided by the Performance and Planning team at the Health Inequality Board
	Mitigating against 'digital exclusion' ensuring providers offer face to face care to patients who cannot use remote services and ensure more complete data collection to identify who is accessing face to face /telephone/video consultations is broken down by patient age, ethnicity, disability status	Included in the data scoping will be to review DNA and link with the learning disability team and also the MECC community teams.	AB	Apr-22	Mar-23							
	Ensuring data sets are complete and timely - to continue to improve data collection on ethnicity and other protected characteristics, across primary care/ outpatients, A&E, mental health, community services, waiting list minimum dataset (WLMDS)	Ensure data collection for ethnicity and protected characteristics are recorded	AB	Apr-22	Mar-23							Currently recorded.
	Accelerating preventative programmes, covering flu and covid 19 vaccinations, annual health checks for people with severe mental illness and learning disabilities. Supporting the continuity of maternity carers and targeting long term health condition diagnosis and management. Focus on Acute tobacco Service, Alcohol navigation posts, healthy weight including foodbanks	Introduction of the acute tobacco service for acute and maternity patients. Working with the community and acute learning disability teams to introduce the diamond pathway.	AB	Apr-22	Mar-23							Acute tobacco service in place and significant improvements seen in reduction of smoking for patients and maternity patients
	Strengthening leadership and accountability - Supporting our workforce to access training and wider support offer including MECC, health inequalities framework,	MECC training for staff including, mental health, smoking cessation, alcohol, healthy weight, cancer and 5 ways to wellbeing.	AB	Apr-22	Mar-23							Ongoing training delivered to staff
SA4.2 Work collaboratively as part of Gateshead Cares system to improve health and care outcomes to the Gateshead population **Executive Lead - Chief Operating Officer**	Ensure we play a key role in the development and delivery of the system priorities	Ensure we have Senior leadership roles as members of the GH system	JMB	Apr-22	Apr-22					30/04/2022	**Delivery of Gateshead Cares priorities and action plans**	Senior leaders confirmed as representatives
	Plan Joint sessions with all GH system partners to identify priorities	session planned an took place April 2022	JMB	Apr-22	Apr-22					30/04/2022		Session took place in April 2022
	Ensure the trust strategy aligns to that of the wider system	Hatching ideas involved in GH partners in the development of our strategy - presentation of same being presented to GH system and H&WB board in September 2022	JMB	Apr-22	Sep-22					09/09/2022		Presentation delivered to HWB on 9 September
	Ensure there are trust representatives on each workstream	Ensure workstreams are presented widely to SMT and Trust Board	JMB	Sep-22	Dec-22					08/12/2022		Workstream leads are now in place
	Establish governance and reporting on the delivery of system priorities to the Trusts Management team and Board	work with Trust secretary to agree governance and reporting of system priority delivery to Board	JMB/JB	Sep-22	Mar-23			3				Wider governance of the ICB and system working at place is being discussed and a proposal will be available before submission to the Sept Board for agreement. Featured as part of Board strategy workshops

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 10ii

Report Title:	**Board Assurance Framework 2022/23**			
Name of Meeting:	Board of Directors			
Date of Meeting:	25 January 2023			
Author:	Jennifer Boyle, Company Secretary Executive Directors			
Executive Sponsor:	Gillian Findley, Chief Nurse			
Report presented by:	Jennifer Boyle, Company Secretary			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	This report provides the Board with the current Board Assurance Framework 2022/23 for review and assurance, following scrutiny by each of the mapped Board committees.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Executive Directors Board Committees			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	• A new format BAF has been designed for 22-23 in response to feedback from the Board and Internal Audit. • The BAF was formally approved by the Board in July 2022. • BAF extracts relating to the corporate objectives within each committee's remit have been presented to committee meetings for review and triangulation against the controls and assurances considered as part of the business of the committee. • The current contents of the BAF should be triangulated against the assurance, risks and issues discussed during the Board meeting to determine whether its content remain accurate. • The BAF key is as follows:			

Key	Description
	Not yet started
	Started and on track no risks to delivery
	Plan in place with some risks to delivery
	Off track, risks to delivery and or no plan/timescales and or objective not achievable
	Complete

- There are no summary risks that have reached their target score at this point in the year. No scores have reduced during the year, but scores have increased in relation to those summary risks linked to the achievement of quality improvement, elective recovery / the New Operating Model and financial sustainability. This is despite a number of gaps in control and assurance being identified and closed and is therefore indicative of the operational and financial pressures which the Trust has been under during the year.
- The BAF and the corporate objective update report (Item 10i) both demonstrate a consistent picture in respect of there remaining to be some risks attached to the achievement of the corporate objectives by year-end, particularly in respect of the areas outlined above.
- Assurance can be provided that the Board committees review the BAF at the end of every meeting for triangulation, completeness and updates.
- The year-end iteration of the BAF will be reviewed at the March Board, alongside the corporate objective closure report.

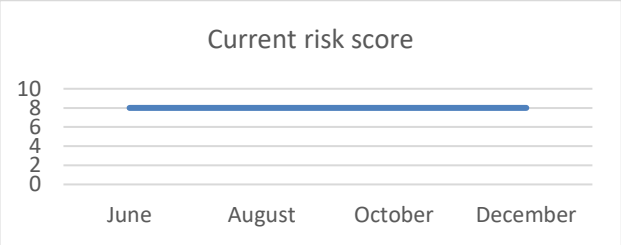
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	The Board is requested to review the BAF, noting that it is under continuous review and update at the relevant Board committees.	
Trust Strategic Aims that the report relates to:	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes
	Aim 5 ☒	We will develop and expand our services within and beyond Gateshead

Trust corporate objectives that the report relates to:	This relates to all corporate objectives, assisting in the management and mitigation of risks which may pose a risk to delivery.				
Links to CQC KLOE	Caring ☐	Responsive ☐	Well-led ☒	Effective ☐	Safe ☐
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	Risks identified on the BAF itself.				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒		

Quality Governance Committee BAF (SA1.1, SA1.2, SA4.1)

Strategic objective:	SA1.1 Continue to improve our maternity services in line with the wider learning from the Ockenden review
Executive Owner:	Chief Nurse
Board Committee Oversight:	**Quality Governance Committee**
Date of Last Review:	December 2022 QGC meeting
Summary risk	

This is a risk that the Trust is unable to implement the recommendations and improvement actions outlined in the Ockenden reviews due to resource capacity, impacting upon the quality of maternity services and a decline in performance against the maternity metrics in the IOR.



CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
2	4	8	2	4	8

Links to risks on the ORR:	COO 2868 - New Operating Model - Risk to the delivery of the new operating model resulting in adverse impact on performance & recovery plans (20) CEOL2 3029 - Covid - Risk of further waves/continued endemic Covid, which could impact operational delivery across the whole Trust. (12) POD 2764 - Workforce - Risk of not having the right people in right place at the right time with the right skills. (16)

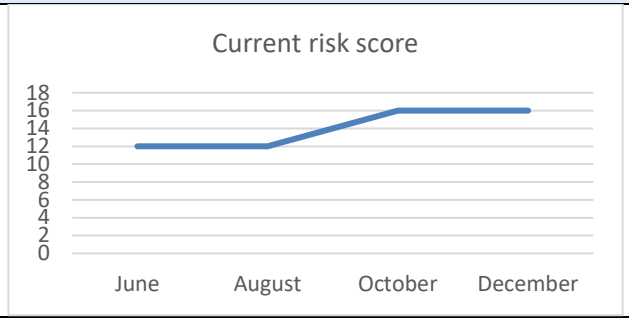
Controls	**Gap in controls and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Maternity workforce plans developed, with some specialist roles already appointed to	Vacancies in midwifery posts remain, although recruitment is ongoing	Chief Nurse	October 2022	In the process of recruiting students due to quality in September 2022 Recruitment complete and midwives are currently going through preceptorship.	**Complete**
Face to face training has resumed	Third Midwifery Continuity of Care team not yet in place	Chief Nurse	~~June 2022~~	Roll-out delayed to June to enable support to the acute unit due to pressures. Aug – decision made not to progress with 3rd team at present time. **Gap and**	**No longer relevant action**

					action suggested for removal from BAF	
Estates strategy in place and work commenced on maternity estates improvements		Maternity and neonatal records not yet fully integrated and digitised	Chief Nurse	March 2023	Neonatal Badger implementation has begun	**On track**
Action plans in place for Maternity Incentive Scheme and Ockenden						
Gap analysis undertaken against Ockenden reports						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Performance is monitored within the department at governance meetings						
Maternity forms part of the Surgery Quality Oversight Meetings where performance is overseen by the exec team						
Action plans for Maternity Incentive Scheme and Ockenden monitored at Maternity and SBU Safecare						
Assurance (Level 2: Reports / metrics seen by Board / committee etc)						
Ockenden assurance report to Board in March – Ockenden one year on						
Maternity metrics now feature in the IOR which is reported to every Quality Governance Committee and Board Meeting. *Note - Process amended so that an independent IOR for maternity will be presented on a monthly basis at either QGC on behalf of the Board or Trust Board*						
Maternity assurance report presented at every Quality Governance Committee meeting						
Ockenden assurance report to Board in May 2022						
Patient safety walkabouts with Executive Directors and Non- Executive Director held monthly						

Assurance (Level 3 – external)						
Feedback received from regional team regarding Ockenden evidence submission						
Maternity Voices Partnership provide regular feedback to the unit on patient experience						
Friends and Family test score results are positive and provide good assurance over the quality of care						

Strategic objective:	SA1.2 Continuous Quality improvement Plan
Executive Owner:	Chief Nurse
Board Committee Oversight:	Quality Governance Committee
Date of Last Review:	December 2022 QGC meeting
Summary risk	

Pressures on performance, people and finance, coupled with changes in the local and national health economy and structures may place significant risk on the ability of the Trust to achieve national quality standards and deliver the Quality requirements



CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	2	4	8

Links to risks on the ORR:	MEDIC 2982 - Risk of delayed transfers of care and increased hospital lengths of stay (16) POD 2764 - Workforce - Risk of not having the right people in right place at the right time with the right skills. (16) CEOL2 3029 - Covid - Risk of further waves/continued endemic Covid, which could impact operational delivery across the whole Trust. (12)

Controls		**Gap in controls and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Gap analysis undertaken against CQC standards		Quality strategy in development	Chief Nurse	December 2022		**On track**
Core standards action plan has been developed		Nursing strategy in development	Chief Nurse	September 2022	As per the Enabling Strategy paper to Board this is due at QGC for approval in October. Oct 22 - Strategy now drafted and in the process of being formatted	**On track**
Clinical audit programme in place						
Quality Governance Committee and sub-groups in place						

Equality and Quality Impact Assessment (EQIA) programme in place						
Transformation and Quality Improvement Programme in place						
Datix and incident reporting systems in place to record risks and incidents and capture learnings						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
SafeCare meetings in each operational business unit		A need to verify that SafeCare meetings are in place for each operational business unit – a review of business unit governance is ongoing	J Boyle	October 2022	Review is underway, with draft findings to be collated in September 22. Dec 22 – review findings drafted and shared with Ops Directors.	**Off track**
Quality is a key component of the Quarterly Oversight meetings		Identified gap in respect of mechanisms for monitoring the CQC action plan	G Findley	December 2022	Nov 22 – action plan presented to SMT and CQC monitoring group being established with first meeting in December 22	**On track**
Compliance Manager is in post and has action plan for compliance						
Assurance (Level 2: Reports / metrics seen by Board / committee etc)						
IOR includes quality metrics mapped to the key lines of enquiry – reviewed by the Quality Governance Committee and Board bi-monthly						
Patient and staff stories presented to Board at every meeting						
Clinical audit outcomes reported to Quality Governance Committee						
Complaint triangulation report presented to Quality Governance Committee						
Assurance (Level 3 – external)						
CQC process audit by AuditOne – outcome awaited						

AuditOne audits from 2021/22 – NICE Guidance (good) and Duty of Candour (good)						

Strategic objective:	SA4.1 Tackle our health inequalities
Executive Owner:	Medical Director
Board Committee Oversight:	Quality Governance Committee
Date of Last Review:	December 2022 QGC meeting
Summary risk	

There is a risk that due to competing pressures (such as financial constraints and the need to meet national operational targets) the Trust does not deliver on its health inequalities action plan, resulting in continued decline in health within the local population

CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
5	2	10	4	2	8

Links to risks on the ORR:	POD 2759 - We are not able to appropriately support the health and wellbeing needs of our workforce (12) CEOL2 2880 - Risk that Place/ICS/ICP strategy and plans do not fully align with our objectives and aspirations to tackle health inequalities. (9)

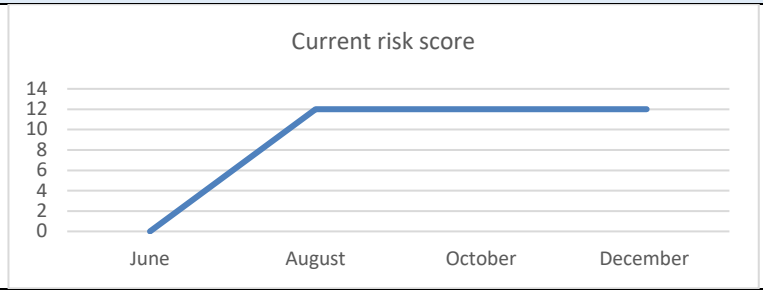
Controls		**Gap in controls and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Health Inequalities Lead and SRO identified		Health Inequalities action plan in development	Deputy Director of Corporate Services and Transformation	~~September 2022~~ November 2022	Priority areas identified to support production of action plan Workshop taking place 11 October with Public Health in attendance to identify action plan requirements in respect of partnership working. As such new date of November is suggested for the full development of the plan, noting that health inequalities	**On track**

					workstreams continue to be progressed	
Health Inequalities Board established with members including the Director of Public Health for Gateshead		Embed role of Chief Operating Officer as a key member of the Gateshead Cares System Board	Chief Operating Officer	December 2022	COO is regular member of the Gateshead Cares System Board	**Complete**
Waiting lists record deprivation score index and data sets also record ethnicity		Lack of knowledge and expertise. Maintain strong links with ICS team and Gateshead Director of Public Health	Medical Director	December 22		**On track**
Trust engagement in Making Every Contact Count						
Engagement in Gateshead Cares System Board						
Engagement with Gateshead Citizens' Advice to provide support to patients and staff						
Quality Governance Committee established as the reporting line for Health Inequalities Board						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
		IOR does not yet include health inequalities metrics	Deputy Director of Performance and Planning	September 22	Health inequalities metrics now included in the IOR. Action closed and transferred to assurance Level 2.	**Complete**
		Health Inequalities Board reporting to SMT not yet fully established	Deputy Director of Corporate Services and Transformation	August 22	Formal reporting to start following next meeting	**On track**
		Reports to Board on agreements and collaborations required as a result of partnership working with Gateshead system	Chief Operating Officer	September 2022	New governance of ICB shared at Board-level and updates will continue to be shared as and when they arise.	**Complete**

Assurance (Level 2: Reports / metrics seen by Board / committee etc)		To amend QGC cycle of business to incorporate health inequalities reporting	Deputy Director of Corporate Services & Transformation / Company Secretary	October 2022	Quarterly reporting to be incorporated into cycle of business Dec – now included on cycle of business with first report due in Feb 23. Proposed to close action	**On track**
Presentations to the Board of Directors on health inequalities by the Trust lead, ICS lead and Director of Public Health for Gateshead – provides assurance over commitment and progress to-date						
Reports to Board on the Citizens' Advice collaboration and outcomes – last report November 2021						
Health inequalities metrics included in the IOR.						
Board consideration of place-based governance and working arrangements proposal which outlines proposed next steps for Gateshead Cares.						
Assurance (Level 3 – external)						
Feedback from ICB and Place Based Partners on Health Inequalities work and outcomes						

Strategic objective:	SA4.2 Work collaboratively as part of Gateshead Cares system to improve health and care outcomes to the Gateshead population
Executive Owner:	Chief Operating Officer
Board Committee Oversight:	Quality Governance Committee
Date of Last Review:	December 2022 QGC meeting
Summary risk	

There is a risk that health and care outcomes for the population of Gateshead are not improved, so the Gateshead Care priorities and action plan fail to collectively deliver (noting the Trust's ability to influence but not fully control the outcomes)



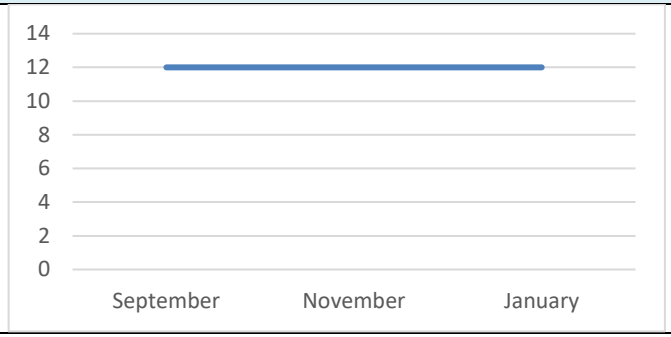
CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
4	3	12	2	3	6

Links to risks on the ORR:	CEOL2 2880 - Risk that Place/ICS/ICP strategy and plans do not fully align with our objectives and aspirations to tackle health inequalities. (9) MEDIC 2982 - Risk of delayed transfers of care and increased hospital lengths of stay (16) CEOL2 3029 - Covid - Risk of further waves/continued endemic Covid, which could impact operational delivery across the whole Trust. (12)

Controls		**Gap in controls and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Joint session planned with the system to review priorities and set objectives for 22/23		Membership of Gateshead Cares Board does not include representatives from areas such as education and housing, which contribute towards health outcomes. Note this is not in control of the Trust	N/a	N/a	N/a	N/a
Senior representation secured at Gateshead Cares meetings		Greater visibility of GHFT's new strategy required within Gateshead System. The Chief Operating Officer will seek to ensure this is considered as part of the agenda	COO / Deputy Director of Corporate Services & Transformation	September 2022	On September 2022 agenda Presentation to HWB on 9th September to show case our strategy and links to HWB	**Complete**
Trust developed strong relationships with key stakeholders and can influence the agenda						

New strategy shared at Health and Wellbeing Board in September 2022 to help support alignment across Gateshead system.						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
		A requirement to include updates on partnership working on the SMT and Exec Team cycles of business	COO / Co Sec	September 2022	On SMT 8cycle of business. Exec team cycle of business being developed Exec team cycle of business continues to develop Dec – presentation to Exec team on 19 December to include new cycle of business	**On track**
		To identify reports to include health outcomes to go to committee and Board	Medical Director	~~October 2022~~ November 2022	Working to include patient outcomes in the IOR. November 2022 is a more realistic target as this is a significant piece of work	**On track**
Assurance (Level 2: Reports / metrics seen by Board / committee etc)						
Assurance (Level 3 – external)						

People and OD Committee BAF (SA2.1, SA2.2, SA2.3)

Strategic objective:	SA2.1 Protect and understand the health and well-being of our staff by looking after our workforce
Executive Owner:	Executive Director of People and OD
Board Committee Oversight:	People and OD Committee
Date of Last Review:	January 2023
Summary risk	
There is a risk that the Trust is unable to provide appropriate levels of support to staff from a health and wellbeing perspective due to resource and capacity constraints and an increase in demand post-pandemic.	

CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	2	4	8

Links to risks on the ORR:	POD 2759 - Workforce health & Wellbeing - Risk of adverse impact to staff health and wellbeing due to internal and external pressures (12) POD 3095 - Risk of significant, unprecedented service disruption due to industrial action (20)

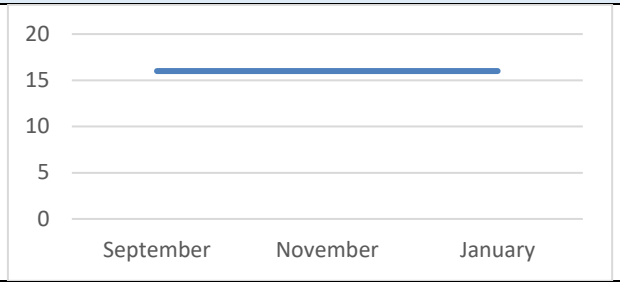
Controls		Gap in controls and corrective action	Owner	Timescale	Update	Action status
Health and wellbeing programme Board		Delivery of the HWB Strategy	AV	Mar 23		On track
Health and wellbeing team established (funding expires June 23)		Launch and promote Listening space	KG	Dec 22	Action completed and reflected in controls	Complete
Health and wellbeing conversations launched for all staff		Lower than usual levels of take up of Flu & Covid Vaccination Campaign. Plan to be developed for 23/24 roll out and ongoing provision of flu vaccine	CH	Jan 23	Flu and Covid Vaccination campaigns have now concluded. Reflected in controls.	Complete
Partnership with Gateshead Citizen's Advice to provide additional support to staff		Grow Health and Wellbeing ambassador network	DJ	Mar 23	Work underway to encompass the current network	Not Started

					within Support Pillar project, which will trigger a review.	
Listening Space now launched and in operation		Reduction in sickness absence – training to be rolled out and new absence management approach embedded.	CS	Feb 23	Training is being organised for managers but has been delayed due to operational pressures	**On track**
Plans in place to prepare and mitigate risks as much as possible in respect of forthcoming industrial action						
Flu and Covid vaccination programme delivered to colleagues						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
POD Quality Meeting, Management Meeting and People Portfolio Board		Compliance with health and wellbeing conversations unknown	DJ	Dec 22 To be reviewed Feb 23	Check incorporated within newly designed Appraisal Form, which will allow ESR reporting on completion. Launch planned for Nov 2022.	**Started with some risks to delivery**
Assurance (Level 2: Reports / metrics seen by Board / committee etc)		Further assurance required re: how the Trust is supporting financial wellbeing of colleagues (as opposed to physical and mental health and wellbeing)	LCJ	Jan 23	Some information on financial HWB included in Jan 23 POD Committee and more detailed information on intranet	**On track**
Health and wellbeing metrics reported to POD Committee		Further assurance required re: plans to increase flu and Covid vaccination rates, which are currently off-track	LF	Jan 23	Additional clinics were offered through until December 2022, when take-up reduced significantly. Campaign now closed.	**Complete**
Health and wellbeing metrics reported in IOR at Board						
Assurance (Level 3 – external)						

Staff feedback on HWB in 2022 survey results						

Strategic objective:	SA2.2 Growing and developing our workforce
Executive Owner:	Executive Director of People and OD
Board Committee Oversight:	People and OD Committee
Date of Last Review:	January 2023
Summary risk	

Risk of not having the right people in right place at the right time with the right skills due to lack of workforce capacity, resources and expertise across the organisation



CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	2	4	8

Links to risks on the ORR: 2764 - Risk of not having the right people in right place at the right time with the right skills (16)
POD 3095 - Risk of significant, unprecedented service disruption due to industrial action (20)

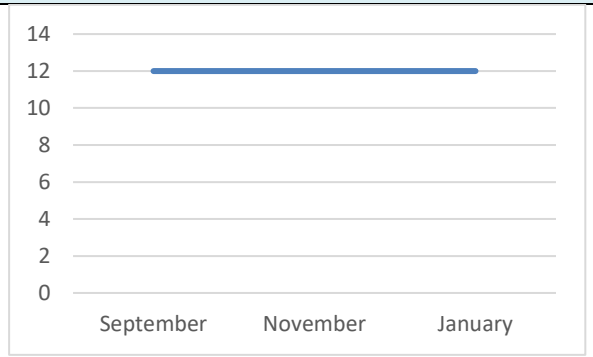
Controls	Gap in controls and corrective action	Owner	Timescale	Update	Action status
Task and finish group well established and phase 1 of work complete. Phase 2 implemented to coordinate recruitment and retention activity, inc reporting and agency controls	People Strategy	AV	~~Dec 22~~ New approved timescale – March 23	People Strategy timeline in Trac. Jan 23 – People Strategy to be presented at 9 Feb Board strategy day with ratification planned for March Board	On track and in progress
International recruitment – 38 international recruits arrived, programme established	Further development of people metrics; nursing dashboard further developed, medical staffing and AHP designed and tested	LH	Feb 23	People analyst in post, Metrics developed month on month and shared at PODC	On track and in progress
Recruitment process streamlined (RPIW)	Comprehensive Workforce Plans	NB	Mar 23	Meetings scheduled throughout January	On track with some risk

					2023 with Business units and The Whole System Partnership to gather intelligence to support workforce planning looking at skill requirements.	
Managing Well and Leading Well programmes fully operational		Agency controls working group	AV/JF	Jan 23	Agency group now in place and Standard Operating procedure established for the booking of temporary workforce. Action complete.	**Complete**
New absence management policy in place		E-Rostering for Medical Workforce	PM	Mar 23	Zebra Project manager in post regular meetings in diary with Medical Staffing Manager. Implementation plan under review.	**On track with some risk**
People analyst in post and initial reports developed; nursing dashboard in place with benchmarking and trajectories		Embedding new absence management policy, policy training and robust absence management practice	DB	Dec 22	Training underway, policy agreed, guidance for managers agreed, refreshed case review approach in place. Policy reflected as a control.	**On track**
Retention initiatives in place to support and encourage colleagues to remain with the Trust		Exit interview process to be embedded	NB	Marc 23		**On track**
School and local community supply initiatives in place to attract the Trust's future workforce						
Agency group in place to provide greater controls over the usage of agency staff						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Staffing Task and Finish Group		BU Dashboard	LH	Feb 23	In draft currently	**On track**

Nursing Workforce Group (People Portfolio Board approach)		Medical Staffing Dashboard	LH	Feb 23	In draft currently – Agreed format to be agreed with Operational colleagues	**On track**
POD Management Meeting and SMT		Nurse/HCSW Dashboard	LH	Oct 22	Format agreed and updated monthly	**Complete**
		Further POD metrics being developed	LH	Mar 23		**On track**
Assurance (Level 2: Reports / metrics seen by Board / committee etc)						
POD Metrics to POD Committee						
POD Portfolio Board						
Nurse/HCSW Dashboard now in place to monitor vacancies						
Assurance (Level 3 – external)						
Returns to NHSE						

Strategic objective:	SA2.3 Development and Implementation of a Culture Programme (2–3-year Programme)
Executive Owner:	Executive Director of People and OD
Board Committee Oversight:	People and OD Committee
Date of Last Review:	January 2023
Summary risk	

There is a risk that the Trust's culture does not reflect the organisational values.



CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
3	4	12	2	4	8

Links to risks on the ORR:	POD 2759 - Workforce health & Wellbeing - Risk of adverse impact to staff health and wellbeing due to internal and external pressures (12) POD 3095 - Risk of significant, unprecedented service disruption due to industrial action (20)

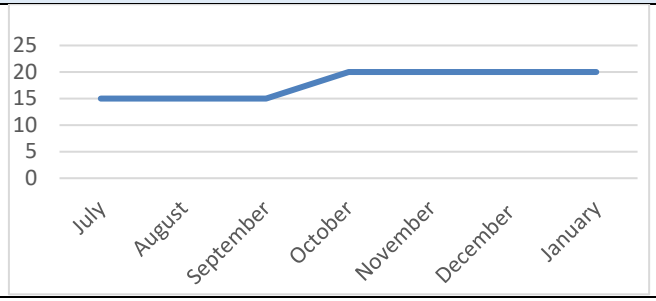
Controls	**Gap in controls and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Trust-wide engagement programme that resulted in the launch of a new vision and behaviour framework.	Programme Manager to be confirmed. Risk being raised at June Transformation Board, with suggested mitigations.	LF	Dec 22	Due to agreed approach to programme the need for a Programme Manager has been reviewed and paused for now.	**Complete**
Trust values have been reviewed as part of the wider engagement programme and remain the same.	Engagement approach for the culture programme not yet fully defined	LF	March 23		**On track**
Culture Programme has been established overseen by the Transformation Board and sponsored by the CEO.	Culture Programme approach agreed, with a structure built around 6 workstream SRO's and supporting Programme Managers.	LF	March 2023	Programme Managers Confirmed 1 Workstream SRO identified	**On track with some risk**
Overarching Programme SRO agreed and confirmed.					

~~Agreement to deliver the NHSE Culture & Leadership Programme.~~						
Existing team of Cultural Ambassadors that can support the programme.						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
POD Management Team						
Assurance (Level 2: Reports / metrics seen by Board / committee etc)						
Transformation Board						
POD Portfolio Board						
Assurance (Level 3 – external)						
Staff survey provides good assurance (more detail to be added when embargo lifted)						

Finance and Performance Committee BAF (SA3.1, SA3.2, SA5.1)

Strategic objective:	SA3.1 – Improve the productivity and efficiency of our operational services through the delivery of the new operating model and associated transformation plans
Executive Owner:	Chief Operating Officer
Board Committee Oversight:	Finance and Performance Committee
Date of Last Review:	December 2022
Summary risk	

There is a risk that the Trust is unable to deliver to the require standards against the responsive indicators within the Integrated Oversight Report due to capacity and demand and workforce pressures, lack of progress with associated transformation plans and the response to Covid



CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
4	5	20	3	3	9

Links to risks on the ORR:	MEDIC 2982 – risk of delayed transfers of care and increased hospital lengths of stay (16) CEOL2 3029 - Risk of further waves/continued endemic Covid, which could impact operational delivery across the whole Trust. (12) POD 2764 - Workforce - Risk of not having the right people in right place at the right time with the right skills. (16) COO 2868 - New Operating Model -Risk to the delivery of the new operating model resulting in adverse impact on performance & recovery plans (20) 3057 - Risk of ventilation failure to multiple theatres due to ventilation system being at end of life resulting in potential for infection risks, affecting staff and patients. Risk of cancellation to surgery resulting in poor patient outcomes and experience (20)

Controls		**Gap in controls and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
PMO team in place and supporting operational business units in transformation projects		Cross-referral to People and OD Committee re: workforce plans in line with the gap in assurance	Chief Operating Officer to cross-refer	October 22	Cross-referral made to POD Committee	**Complete**
Project managers in place for New Operating Model now provided by Transformation team		Formal outcome of referral to POD committee on workforce gaps still outstanding	Chair	January 23		**On track**
New operating model (NOM) programme board in place to oversee the delivery and		Further work required to develop robust workforce plans to address vacancies in Business units	Executive Director of	March 2023		**On track**

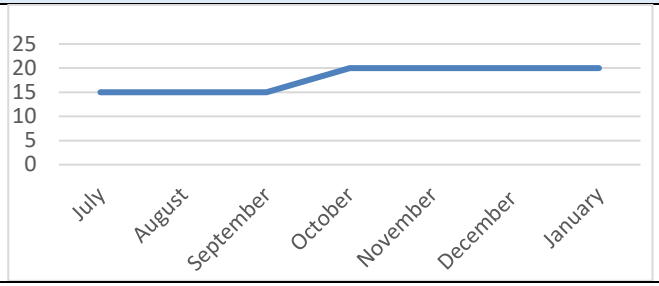
benefits realisation of the NOM delivery – receives updates from Elective and planned care project board and Unscheduled Care project board – The NOM board reports into the Trusts Transformation board and Executive Capital group			People and OD			
Winter Plan in place and signed off by Board and submitted to ICB		Estates plan for the New Operating Model is in development	QEF MD / Chief Operating Officer	~~December 22~~ Proposed: March 22	Clinically led estates strategy now complete – to be reported to board Jan/Feb Jan 23 – scheduled for discussion at Board strategy day in Feb with formal Board sign-off in March	**On track**
Trust demand plans for Pathways 0-3 shared with LA in May 2022. LA and Trust signed up to a shared data model - working through Bolton metrics, operational sign up to using Nerve Centre.						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Chief Operating Officer meets with senior team on a weekly basis for performance meetings		Operational business unit governance structures in place but query whether there is consistency – review underway	Company Secretary / Head of Quality & Patient Exp.	September 22	Review ongoing with draft findings due in September 2022 Update – findings are partially documented with the aim to complete the write-up by the end of October. Nov and Dec update – findings still being drafted. Jan 23 – findings report shared with	**Off-track**

					business units in draft in Dec 22.	
Weekly meetings with the local authority to review discharges and challenges – demand and capacity review underway in partnership with LA – expecting report out for Feb 23		Workforce and patient outcome metrics not included in the IOR. Action – future inclusion and a referral to People and OD Committee: the workforce gap.	Chief Operating Officer	~~October 22~~ November 22	Referral to POD made and the metrics to be included in the IOR. The Executive Director of People and OD to be invited to the next meeting	**On track**
Escalation into BU monthly monitoring outcome of Q2 QOM re: Assurance Framework.		Gap identified in respect of the information available relating to discharges – agreed to provide the Committee with a deep dive on this in November (as per action log)	Deputy Director of Planning and Performance	November 22	Present at Jan Committee. Recommended for closure.	**On track**
Elective and Planned Care Recovery Project Board in place to monitor delivery of the transformation programme		In respect of discharges there remains a gap in respect of LA capacity plans which are outstanding, and the joint meeting scheduled for December was stood down. There are also issues in respect of digital capacity to deliver to required data. Collaborative work continues with the goal of presenting to the Board strategy session in February 2023.	Chief Operating Officer	February 23	COO and LA meeting is being scheduled. Digital issues escalated.	**On track**
Weekly COO meeting in place with Ops Directors		Benefits realisation process for elective and scheduled care transformation programmes not clear. Outcomes to be clearly defined so that they can be measured.	Chief Operating Officer	December 2022	Dec 22 – agreed to keep this action open Jan 23 – detailed paper being presented to the Transformation Board	**On track**
Monthly COO senior management business meeting to oversee performance delivery of all BUs		Notes from quarterly oversight meetings to be shared to provide assurance	Deputy Director of Planning and Performance	January 2023	Jan – notes to be shared with the Committee	**On track**
Unscheduled Care Programme Board has been in place to monitor oversight and delivery of the transformation programme						

Assurance (Level 2: Reports / metrics seen by Board / committee etc)						
Quarterly Oversight Meetings in place - Executive led to meet on performance of all business units chaired by the CEO						
Integrated Oversight Report reviewed at Board committees, with F&P Committee reviewing responsiveness domain and undertaking deep dives where required.						
Transformation Board meets monthly with a suite of project update reports to provide assurance over key related workstreams, such as the new operating model						
Monthly IOR in place to ensure board oversight of improvement trajectories						
Transformation Board reports to F&P Committee reporting delivery of transformation programmes						
Assurance (Level 3 – external)						
External review of discharges underway – outcome not yet available						
ECIST review undertaken – confirmed all transformation plans appropriate and identified areas of good practice						
External review of waiting list integrity provided good assurance						
Monthly regional performance report – benchmarking provided as part of IOR						

Strategic objective:	SA3.2 Achieving financial sustainability
Executive Owner:	Group Director of Finance and Digital
Board Committee Oversight:	Finance and Performance Committee
Date of Last Review:	December 2022
Summary risk	

There is a risk that the Trust does not achieve its financial and capital plans due to the challenging level of CRP, increasing inflation and risk around achievement of ERF.



CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
5	4	20	3	3	12

Links to risks on the ORR:	FIN 3128 - Risk that the capital cost of delivery of the new operating model continues to increase resulting in revenue implications. (12) FIN 3127 - There is a considerable risk that the trust is unable to meet the required forecast outturn position of 1.6m surplus (20) MEDIC 3063 - Risk of over spend against budget (20) FIN 3103 - operational pressures result in non-achievement of CRP (20)

Controls		**Gap in controls and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Agreed budgets in place for each business unit reconciled to balanced position and agreed financial plan.		Finance team not yet fully established and therefore support is prioritised to 'core business' – recruitment underway	Group Director of Finance	December 2022	Dec – recruitment is progressing but a number of posts are filled fixed term with support from NECS. Further recruitment programme planned for early January. Jan – recruitment is ongoing with key posts now filled - start dates for some in next couple of months. Difficulty in	On track

					recruiting to the lower banded roles. Vacancy at Assistant Director role, and upcoming maternity leave in key business partner role. Change in focus from recruitment to culture and strengthening offer to clinical services.	
Financial accountability framework in place		Cost reduction programme in development but plans not yet fully formulated	Group Director of Finance	~~August 2022~~ October 2022	Workshop held with SMT on 30/06 Further workshop held in October with a targeted plan being developed for delivery by SMT. Revised date proposed – October 2022. Dec – agreed at SMT to focus efforts on main areas of concern, namely agency controls. Specific piece of work undertaken and documented in finance revenue report. Jan – progress made on agency controls with small reduction in costs evident in Decembers reporting. Unlikely to achieve full delivery of CRP in this financial year. Planning is underway to formulate next year's plan, with a further SMT focus day on 26th Jan.	**Off track for this financial year. Planning in progress for next year.**

Regular meetings with ICS to discuss system position, required actions and inflationary pressures		New business case process is still embedding	Group Director of Finance	September 2022	Keep under review with regular feedback from SMT to business case owners to enhance quality and scrutiny prior to SMT presentation Dec – process in place and effective.	**Complete**
Target CRPs agreed for all business units and included in agreed budgets		SFIs and scheme of delegation require updating to reflect changes in the governance structure and decision-making	Group Director of Finance / Company Secretary	~~September 2022~~ ~~December 2022~~ February 2023	Revised timescale of December 2022 to deliver this update – approval sought to amend timescale accordingly Due to ongoing work approval sought to amend timescale accordingly and to present an interim report. Jan – this has become a much wider piece of work than initially intended. Progress being made on updating internal governance processes that will feed into and inform the SFIs and Scheme of Delegation. Still on track for completion in Feb 2023.	**On track**
New business case process launched in April 22.		Increased use of waivers during the pandemic. A review is being undertaken by the Operational Director of Finance to strengthen controls.	Group Director of Finance	September 2022	Dec 22 – links into review of QEF governance and work being undertaken in Jan/Feb. Improved	**On track**

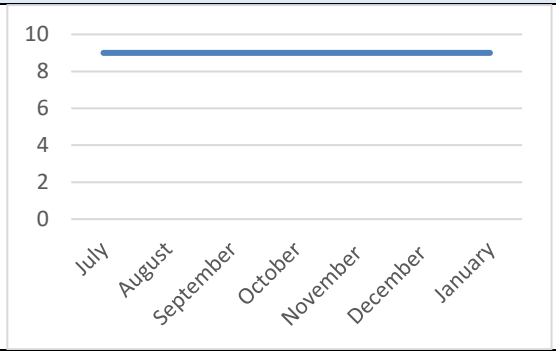
					reporting to return to FPC in Jan SPC reporting in Jan committee papers. Background work undertaken with terms of reference and improved documentation of governance process. This is feeding into the updating of SFIs referred to above.	
Oversight meetings in place with each business unit to hold to account, CRP and accountability framework key item						
Close monitoring of activity information and assessment of ERF achievement						
Capital plan in place with monthly reporting to F&P						
Assurance (Level 1: Operational Oversight)		**Gaps in assurance and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Month end finance closure and related procedures		ICS regional DOF meetings not happening – therefore regional position is unknown	Group Director of Finance	TBC	Dependent upon external developments – will be kept under review Dec – ICS meetings in place 4 times per month. Regional position discussed in great depth at organisational and system level. Information shared monthly with FPC.	**Complete**
Monthly budget meetings held between business units and assigned financial management support leads		System Oversight Framework external monitoring and assurance arrangements not yet defined	Group Director of Finance	TBC	Dependent upon external developments – will be kept under review	**Not yet started**

					Jan – the forecasting protocol document has previously been presented to committee. SOF reporting and monitoring still to be confirmed.	
Oversight / hold to account meetings		Specific reporting line for CRP achievement / assurance not identified.	Group Director of Finance	August 2022	Discussions underway re: role of Transformation Board. Discussions remain underway to finalise CRP reporting lines Dec – CRP delivery currently reporting into FPC via SMT and transformation board. Focussed discussions in oversight meetings. Jan – this is being picked up as part of the SMT finance focused session on Jan 26th. One of the intended outcomes is to identify ownership, commitment, accountability and reporting and management lines.	Some risk
Regional DoF ICS meetings now happening 4 times per month, accompanied by a monthly triangulation meeting between the Trust, the ICB and NHSE.		Finance report doesn't include workforce spend breakdown – action is to amend report to include this	Group Director of Finance	November 2022	Dec 22 – ongoing improvement of financial reporting into FPC Jan – agency information included in Jan reporting.	On track

Assurance (Level 2: Reports / metrics seen by Board / committee etc)		Financial forecast doesn't show the CRP detail – action is to amend the report to include this	Group Director of Finance	November 2022	Dec 22 – ongoing improvement of financial reporting into FPC Jan – CRP reporting included in Jan reporting	**On track**
Achievement against revenue and capital plan reviewed for assurance at Finance and Performance Committee		HFMA action plan not yet developed. Develop and share with the Committee to provide assurance over controls	Group Director of Finance	February 2023	Jan – action plan to committee in January	**On track**
Revenue and capital report received for assurance at Board of Directors						
Assurance paper received on CRP plans and delivery						
Assurance (Level 3 – external)						
Internal audits provide assurance over financial systems and controls – accounts receivable (good), accounts payable (reasonable), capital planning and monitoring (good), waivers (reasonable).						
ICS monitoring framework						

Strategic objective:	SA5.1 We will look to utilise our skills and expertise beyond Gateshead
Executive Owner:	QEF Managing Director
Board Committee Oversight:	Finance and Performance Committee
Date of Last Review:	December 2022
Summary risk	

There is a risk that the Group will miss opportunities to utilise skills and expertise to generate income for reinvestment in patient care and staff wellbeing, resulting in increased pressures on existing funding.



CURRENT RISK SCORE			TARGET RISK SCORE		
Likelihood	Impact	Score	Likelihood	Impact	Score
3	3	9	2	3	6

Links to risks on the ORR:	POD 2759 - We are not able to appropriately support the health and wellbeing needs of our workforce (12) CEOL2 3029 - Risk of further waves/continued endemic Covid, which could impact operational delivery across the whole Trust. (12)

Controls	**Gap in controls and corrective action**	**Owner**	**Timescale**	**Update**	**Action status**
Regular meetings in place with external partners to discuss opportunities	Trust commercial strategy in development	QEF MD	~~October 2022~~ Jan 2023	Workshop held with SMT in early September In Sept the Board approved plan to develop strategy and bring to Jan 23 Board for ratification. Jan 23 – draft strategy in development but delayed due to capacity constraints.	**Some risk to delivery**
Monthly strategy meeting in place in QEF to discuss opportunities					
QEF commercial strategy in place					

Assurance (Level 1: Operational Oversight)		Gaps in assurance and corrective action	Owner	Timescale	Update	Action status
Weekly senior management meetings in QEF with reporting to QEF Board						
Commercial divisions within QEF report to QEF Board on progress made						
Assurance (Level 2: Reports / metrics seen by Board / committee etc)						
QEF quarterly reporting to F&P Committee						
QEF reporting to Board twice per year						
Assurance (Level 3 – external)						

Board of Directors

Gateshead Health NHS Foundation Trust

Agenda Item: 10iii

Report Title:	Organisational Risk Register (ORR)			
Name of Meeting:	Board of Directors			
Date of Meeting:	25th January 2023			
Author:	Marie Malone, Corporate and Clinical Risk Lead.			
Executive Sponsor:	Gill Findley, Chief Nurse and Professional Lead for Midwifery and Allied Health Professionals			
Report presented by:	Gill Findley, Chief Nurse and Professional Lead for Midwifery and Allied Health Professionals			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☒	**Assurance:** ☒	**Information:** ☐
	To ensure the Board and Committees are clearly sighted on those risks that have an organisational -wide impact, the organisational risk register is compiled by the Executive Risk Management Group of those risks that impact on the delivery of strategic aims and objectives. This includes risks included within the Board Assurance Framework (BAF) as well as risks identified by the Group for inclusion as having an organisational impact and impact on delivery of strategic aims and objectives. The supporting report shows the risk profile of the ORR, includes a full register, and provides details of review compliance, and risk movements.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☒ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	The attached report is now received in the Executive Team Meeting each week, and Bi- monthly at the Executive Risk Management Group.			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety*	Risks added to the organisational risk register in period: One risk added in period: • **3063 (Medicine)** *Risk of not being able to deliver services within current budget leading to potential reduced quality of care and patient outcomes. This is in part a result of the unfunded increase in bed*			

<table>
<tr><td>

- *People and organisational development*
- *Governance and legal*
- *Equality, diversity and inclusion*

</td><td colspan="6">

base due to the delay in transfer of care to the local authority. (CRR 20)

One further risk increased in score:

- **3095 (POD).** Risk to quality of care due to Industrial Action affecting staffing levels and potential impact on patient care, safety, and quality (CRR 20) (Increased from 16 to 20)

Risk and action review compliance shows improvement, with a compliance of 72% and action compliance at 78% consecutively. This is reflective of the improvements being observed across the wider trust registers

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<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="6">

The Board are asked to:

- Review the risks and actions and discuss and seek further information relating to risks as appropriate.
- Take assurance over the ongoing management of risk.

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<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☒</td><td colspan="5">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2
☒</td><td colspan="5">We will be a great organisation with a highly engaged workforce</td></tr>
<tr><td>Aim 3
☒</td><td colspan="5">We will enhance our productivity and efficiency to make the best use of resources</td></tr>
<tr><td>Aim 4
☒</td><td colspan="5">We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim 5
☒</td><td colspan="5">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust corporate objectives that the report relates to:</td><td colspan="6">Each risk is linked to a corporate objective, see report.</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☐</td><td>Responsive
☐</td><td>Well-led
☒</td><td>Effective
☐</td><td colspan="2">Safe
☐</td></tr>
<tr><td colspan="7">Risks / implications from this report (positive or negative):</td></tr>
<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="6">Included in report</td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes
☐</td><td colspan="2">No
☐</td><td colspan="2">Not applicable
☒</td></tr>
</table>

Organisational Risk Register

Executive Summary

To ensure the Board and Committees are clearly sighted on those risks that have an organisational -wide impact, the organisational risk register (ORR) is compiled by the Executive Risk Management Group of those risks that impact on the delivery of strategic aims and objectives.

This includes risks included within the Board Assurance Framework (BAF) as well as risks identified by the Group for inclusion as having an organisational impact and impact on delivery of strategic aims and objectives.

The supporting report shows the risk profile of the ORR, includes a full register, and provides details of review compliance, and risk movements.

This report covers the period 16th November 2022 to 15th January 2023 (extraction date for this report).

There are currently 17 risks on the ORR.

Organisational Risk Register – Movements

Following ERMG meeting in December, the following risk has been added to the ORR:

- **3063** (Medicine) *Risk of not being able to deliver services within current budget leading to potential reduced quality of care and patient outcomes. This is in part a result of the unfunded increase in bed base due to the delay in transfer of care to the local authority*. (CRR 20)

One risk has escalated in score:

- **3095** (POD) *Risk to quality of care due to Industrial Action affecting staffing levels and potential impact on patient care and quality*. (CRR 20)
  Escalated from 16 to 20 due to the potential severity of impact on patient safety, therefore likelihood increased.

Risks closed in period

There were 0 risks closed in period, and no risks reduced or removed from the ORR.

Risk and action review compliance is currently at 72% and 78% consecutively. Risk and action review compliance shows improvement, and this is reflective of the improvements being observed across the wider trust registers

Recommendations

The Board are asked to:

- Review the risks and actions and discuss and seek further information relating to risks as appropriate.

- Take assurance that risks are managed timely and as per risk management policy.

Organisational Risk Register Report

Reporting Period: 16-Nov-2022 to 15-Jan-2023

Comparison Date: 15-Nov-2022

Gateshead Health NHS Foundation Trust

Risk Profile (Current/Managed)

Resources - 1

POD 2764 - Workforce - Risk of not having the right people in the right place at the right time with the right skills. (16)

Wellbeing - 1

POD 2759 - Workforce health & Wellbeing - Risk of adverse impact to staff health and wellbeing due to internal and external pressures (12)

Business Continuity - 2

IMT 1490 - Failure to manage Information Assets (15)

IMT 1636 - UCRF R01/R03/R20/R23 - Malware such as Ransomware Compromising Unpatched Endpoints, Servers and Equipment (10)

Digital - 1

COO 2945 - Risk of ineffective and inefficient management of services due to availability and access to appropriate and timely BI. (12)

Finance - 3

MEDIC 3063 - Risk of over spend against budget (20)

FIN 3103 - operational pressures result in non achievement of CRP (15)

FIN 3128 - Risk that the capital cost of delivery of the new operating model continues to increase resulting in revenue implications. (12)

Effectiveness - 1

MEDIC 2982 - Risk of delayed transfers of care and increased hospital lengths of stay (16)

Safety - 5

CEOL2 3029 - Covid - Risk of further waves/continued endemic Covid, which could impact operational delivery across the whole Trust. (12)

SURGE 3057 - Risk of ventilation failure to multiple theatres resulting in potential infection risks (20)

SURGE 2398 - Risk that MDT are delayed to a maternity emergency/delayed CCU transfers for maternity patients due to separate buildings (15)

NMQ 3089 - Quality - Risk of quality failures in patient care due to external causes such as delayed discharges and external pressures. (12)

POD 3095 - Risk of Significant, unprecidented service disruption due to industrial action (20)

Compliance - 1

MEDIC 2558 - Risk of a 12 hour A&E wait in ED from arrival (20)

Delivery of Objectives - 3

COO 2868 - New Operating Model -Risk to the delivery of the new operating model resulting in adverse impact on performance & recovery plans (20)

CEOL2 2880 - Health Outcomes - Risk that Place/ICS/ICP strategy/plans do not align with our objectives to tackle health inequalities (9)

FIN 3127 - There is a considerable risk that the trust is unable to meet the required forecast outturn positon of 1.6m surplus (15)

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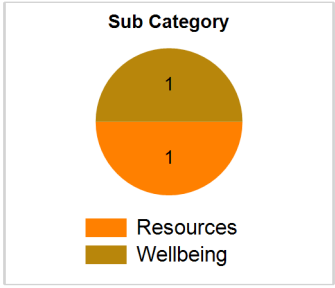
Organisational Risk Register Report

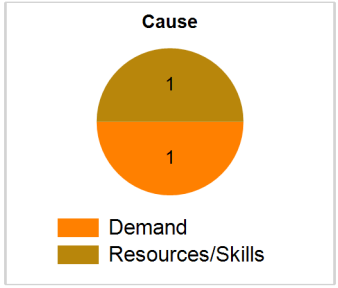
Reporting Period: 16-Nov-2022 to 15-Jan-2023

Comparison Date: 15-Nov-2022

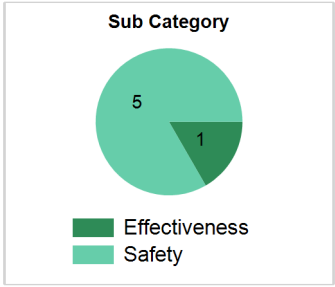
Gateshead Health NHS Foundation Trust

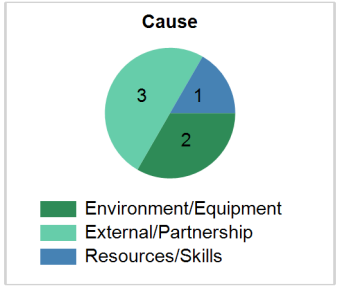
People & Resources



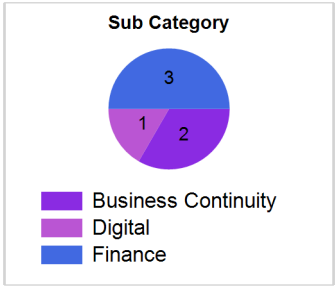


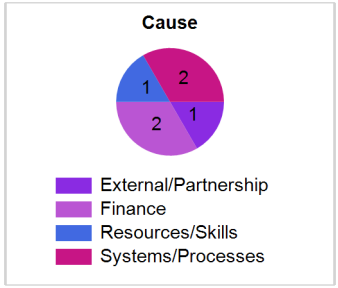
Quality Outcomes



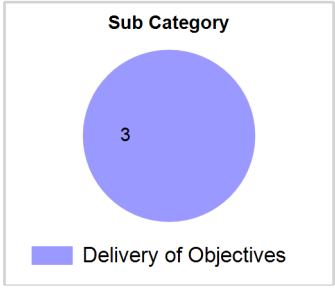


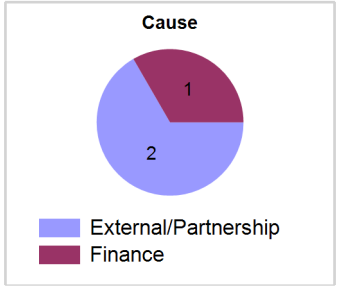
Finance & Efficiency





Regulation & Compliance





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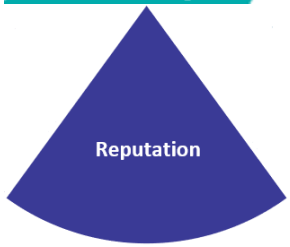
Organisational Risk Register Report

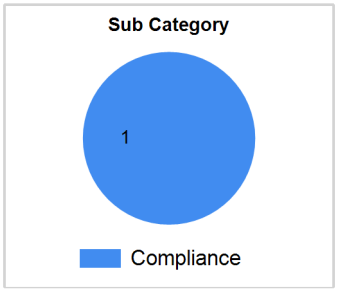
Reporting Period: 16-Nov-2022 to 15-Jan-2023

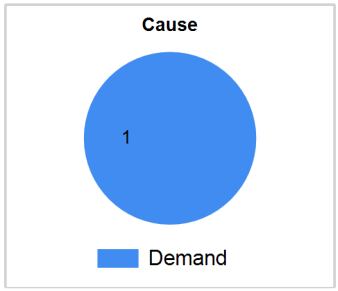
Comparison Date: 15-Nov-2022

Business Intelligence

Gateshead Health NHS Foundation Trust







Organisational Risk Register Report

Reporting Period: 16-Nov-2022 to 15-Jan-2023

Comparison Date: 15-Nov-2022

Gateshead Health NHS Foundation Trust

Organisational Risk Register (sorted by highest CRR and risk ID) - Current/Managed Risks

Risk ID / Date Identified / Handler / BU / Service Line / Next Review Date / BAF / Risk Register Objectives	Risk Description	IRR	Current Controls	CRR	Action	Action Owner / Action Due	TRR	Latest Progress Note
2558 08/10/2019 Mark Dale Medical Services Med 1 30/01/2023 BU_DIR COO FPC ORG SA3.1 Improve the productivity and efficiency of our operational services through the delivery of the New Operating Model and associated transformation plans	Risk of a 12 hour A&E wait in ED from arrival due to organisational pressures resulting in sub optimal patient care and risk of patient harm.	20	1. Site resilience meetings regularly and monitoring of breach times for any patients. 2. current Opel level framework to support escalation and management of breach times for patients. 3. SOP for escalation of breach times and to whom 4. Emergency Huddle	20	Transformation board	Mark Dale 31/03/2023	4	Continues to a major risk
					Esculation process at huddles	Mark Dale 31/03/2023		
					Reduction in delayed discharges	Joanna Clark 31/03/2023		

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Organisational Risk Register Report

Reporting Period: 16-Nov-2022 to 15-Jan-2023

Comparison Date: 15-Nov-2022

Gateshead Health NHS Foundation Trust

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2868 27/04/2021 Joanne Baxter Chief Operating Officer Planning & Performance 03/10/2022 BAF COO EPRR FPC ORG QGC	New Operating Model - Risk to the delivery of the new operating model and associated transformation plans due to the increase in activity and reduced workforce capacity (potentially due to covid waves), resulting in adverse impact on key performance and recovery plans.	20	EPRR incident response and surge plans in place Reconfiguration from previous waves and learning applied. Workforce management plans in place and monitoring of staff absences available Current model for managing covid within the clinical environment is being changed in line with national guidance. Annual review and establishment of safe nursing staffing levels. 2.Safe staffing report (nursing)produced and forecasting robust. 3.Workforce bank in place (see linked risk) 4.Expanded Agency usage (process for approval) 5.Critical staff payment offer approved and in place. 6.Workforce absence etc captured via ESR/ healthroster 7.New operating model aligns staffing requirements to activity and service plans. 8. Volunteers - recruitment and use 9.Deployment Hub to improve use of available resources	20	triangulations of incidents and low staffing	Shelley Dyson 31/07/2022	6	risk reviewed and actions updated
					active recruitment to vacanices	Lisa Crichton-Jones 30/09/2022		
					international recruitment programme	Lisa Crichton-Jones 30/09/2022		
					WLI rate for theatre staffing to be determined	Helen Routh 30/09/2022		

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Organisational Risk Register Report

Reporting Period: 16-Nov-2022 to 15-Jan-2023

Comparison Date: 15-Nov-2022

Gateshead Health NHS Foundation Trust

Organisational Risk Register (sorted by highest CRR and risk ID) - Current/Managed Risks

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3057 24/05/2022 Lois Lincoln Surgical Services Theatres & Anaesthetics 18/12/2023 BU_DIR COO FPC HSC IPCC ORG QGC SA3.1 Improve the productivity and efficiency of our operational services through the delivery of the New Operating Model and associated transformation plans	Risk of ventilation failure to multiple theatres Due to ventilation system (air handling units) for theatres 1 -8 being at end of life and 1 unit supporting 2 theatres resulting in potential for infection risks, affecting staff and patients. Risk of cancellation to surgery resulting in poor patient outcomes and experience.	8	Estates aware of the problem and prioritise any work on these. Regular maintenance. Theatres taken out of action if incident occurs on the day.	20	Replace and update air handling units in theatres	John Adamson 31/12/2024	2	can only be actioned when Trust agree funding source. timescales and estimated costs have been provided
3063 27/05/2022 Amy Muldoon Medical Services Medical Services - Divisional Management 23/01/2023 BU_DIR COO FPC ORG	Risk of not being able to deliver services within current budget leading to potential reduced quality of care and patient outcomes. This is in part a result of the unfunded increase in bed base due to the delay in transfer of care to the local authority.	16	Budget ledgers Budget Meetings	20	Identify any potential areas for CRP	Amy Muldoon 27/01/2023	4	added to ORR following ERMG December 22
					Review use of agency and bank for HCA's and Qualified nurses	Rachel Thompson 24/02/2023		
					Review of locum and agency medical staffing.	Amy Muldoon (Completed 23/12/2022)		
					Review of every cost centre where overspend	Amy Muldoon (Completed 23/12/2022)		

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Organisational Risk Register Report

Reporting Period: 16-Nov-2022 to 15-Jan-2023

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Gateshead Health NHS Foundation Trust

Organisational Risk Register (sorted by highest CRR and risk ID) - Current/Managed Risks

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3095 26/07/2022 Amanda Venner People and OD Workforce Development 12/01/2023 BU_DIR EPRR ORG HRC QGC	Risk to quality of care due to Industrial Action affecting staffing levels and potential impact on patient care, safety and quality.	20	Industrial action working group established and meeting regularly. Focussed planning sessions have taken place to explore the planning, response and recovery elements of industrial action with reasonable worse case scenarios considered. A detailed work plan has been produced with a number of actions, lead officers and timescales citrep position updated daily Business continuity planning command and control structure will recommence in the event of industrial action Current mitigation is closer partnership working and regular local discussions with staff-side and respective trade union representatives (including RCN) as part of the IA Internal Working Group and the Sub-group of the JCC set up of command and control and coordination 12th decemner locla strike committee in place from friday 9th	20	Support industrial action task and finish group Implementation of JCC sub- group on industrial action	Amanda Venner 31/03/2023 Amanda Venner 31/03/2023	9	Reviewed today with LCJ. score increased to 20. confirmation of RCN and NEAS strikes could severely impact on patient safety, therefore likelihood increased.

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Organisational Risk Register Report

Reporting Period: 16-Nov-2022 to 15-Jan-2023

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Gateshead Health NHS Foundation Trust

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2764 17/11/2020 Ferne Clements People and OD Human Resources 29/01/2023 BAF ORG HRC QGC	Risk of not having the right people in the right place at the right time with the right skills across the organisation. Noting regional and national supply pressures, resulting in failure to deliver current and future services that are fit for purpose.	20	Staffing Reporting Task and finish group established International recruitment on track Domestic recruitment actively pursued and monitored Over recruiting to HCSW positions Recruitment process streamlined (RPIW) Dates for reamining Workforce planning with The Whole System Partnership to commence workforce planning SMT discussions on longer term strategic supply pipelines for Registered Nurses have commenced, inc Registered Nurse degree apprentices and Trainee Nurse Associates. Absence Management - Refreshed policy, roll out of training, enhanced support from POD team Local pay arangements for hotspot and winter working.	16	Clinical Strategy	Andrew Beeby 30/01/2023	8	Actions reviewed and updated
					Review of Retire & Return Policy & Process	Ferne Clements 30/01/2023		
					Robust Exit Interview process	Ferne Clements 30/01/2023		
					Transfer Window	Janet Thompson 30/01/2023		
					Workforce planning to be scoped and future resource/ways of working identified.	Ferne Clements 31/03/2023		
					Health and Care Academy	Sarah Neilson 31/03/2023		
					Forecasting workforce data	Ferne Clements (Completed 29/12/2022)		

Organisational Risk Register Report

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Gateshead Health NHS Foundation Trust

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2982 06/12/2021 Amy Muldoon Medical Services Medical Services - Divisional Management 07/12/2022 BAF BU_DIR COO ORG QGC FPC	Risk of delay in transfer to community due to lack of social care provision and intermediate care beds, due to there is currently increased numbers of patients awaiting POC up to 30 patients in medical wards. This delay adds significant pressures to acute bed availability, escalation beds being required and significant risk of problems with flow through hospital impacting A&E breach standards and risk of patients being delayed within ambulances, resulting in Risk of: patients remaining in hospital when medically optimised creating risk to these patients as well as other patients as bed capacity not able to meet demand. Due to: Resulting in: patient harm or death, patients deconditioning and increased risk of failed discharge secondary to this. Staff health and wellbeing, job dissatisfaction and poor performance due to pressures.	20	Daily meeting with LA to examine capacity in out of hospital system and match with demand for discharges. Target discharges of 40 per week to keep pace with demand. Monitoring of Delayed transfers of care twice weekly meeting Escalation of delays of care to the community BU and social services at twice weekly meetings. Monitoring of any levels of harm - Datix incidents. Monitoring of Breach levels and times. Monitoring of Ambulance delays. Monitoring increased LOS of medically optimised patients. Escalation of patients requiring social services support raised weekly at Discharge Systems group which includes Social services management and CCG representative. Medically Optimised meeting 2x week, passed to IPC/CCG ECIST work Pilot on 2 wards re improving discharges. Further social care provision for discharge purchased and in place from beginning of June 2022	16	System leadership post for discharge created and to be recruited to	Joanna Clark 31/01/2023	9	no change as discussed with AM. Work still ongoing between the local authority and us to look into challenges. There are weekly meetings and we review the position daily on patients who no longer meet the criteria to reside. New provider CHS coming online October 2022 to provide further capacity.

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Organisational Risk Register Report

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Gateshead Health NHS Foundation Trust

Organisational Risk Register (sorted by highest CRR and risk ID) - Current/Managed Risks

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1490 11/03/2014 Nick Black Digital 13/02/2023 BAF BU_DIR DIGC ORG QGC	If Information Asset Owners e.g. System administrators across business units and corporate services fail to manage their assets (e.g. patient data, staff data, corporate data, systems, and business continuity plans), there is a risk of inappropriate access/use/updating/disclosure of data.	20	Named System Administrator and Data Manager for every system Actively managed Systems Specific Security Policy (SSSP) for all systems - reviewing user access levels, training, configuration, testing, upgrade management - including business process changes etc Service owned Business Continuity Plan should systems fail Disaster Recovery Plan - how to recover the system Signed user registration forms Formal ITIL best practice change control procedure in place Formal Business case and project acceptance route through HISG Audit programme underway, focussed on critical system	15	Getting IAOs to take responsibility of their information assets	Nick Black 30/06/2023	3	Progress is reported through SMT - organisational compliance below LRMP Complete 61.24% Info Asset Register Complete 10.83% Info Data Flows Complete 10.00% This will be audited by AuditOne as part of the Trust DSPT compliance

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Organisational Risk Register Report

Reporting Period: 16-Nov-2022 to 15-Jan-2023

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2398 28/12/2018 Kate Hewitson Surgical Services Obstetrics 01/02/2023 BAF BU_DIR ORG QGC	There is a risk of delayed treatment due to maternity estate being a separate building resulting in the potential for severe harm to mothers and babies. This was highlighted by recent HSIB reports reflecting delayed attendance times of emergency multi disciplinary teams to obstetric emergencies. Rising acuity of maternity patients and more frequent use of CCU, theatre staff and Paediatric teams creates additional likelihood of the need for these teams to attend the maternity department and delays to be incurred.	20	Pre-assessment - Women deemed likely to require critical care after elective procedures have their operation in main theatre to allow swift access to critical care. This only applies to elective patients and not emergency procedures or those in spontaneous labour. Any incidents are investigated to identify potential learning.	15	2861 action re looking into estate options	Kate Hewitson 01/06/2023	5	ICU admissions from maternity now at four for this financial year (to end of December). Significantly higher than for the previous two financial years (1 and 2 in total for the entire year), which reflects increasing acuity of maternity patients.
3103 22/08/2022 Kris MacKenzie Finance Finance 28/02/2023 BU_DIR COO FPC ORG SA3.2 Achieving financial sustainability	efficiency requirements cannot be achieved due to ongoing operational pressures resulting from COVID and demand on unscheduled care.	20	Efficiency delivery closely monitored as part of month end reporting Redirection of transformation team to support delivery of efficiency programme	15	Negotiations with ICB re: FOT Regular CRP planning and monitoring workshops	Kris MacKenzie 08/02/2023 Kris MacKenzie 28/02/2023	9	Risk of non-delivery of CRP remains, but risk rating reduced as impact is lessor due to ongoing year end settlement negotiations taking place with ICB.
3127 17/10/2022 Kris MacKenzie Finance Finance 28/02/2023 BAF BU_DIR FPC ORG SA3.2 Achieving financial sustainability	There is a considerable risk that the trust will not be able to meet the required forecast outturn position of 1.6m surplus. This is impacted by achievement of ERF, delivery of CRP, impact of inflation, funding available from DHSC, realisation of mitigations and cost of ongoing service pressures resulting from COVID and unscheduled care activity.	20	Financial performance being managed in line with the financial accountability framework. Accountability for performance part of the divisional oversight meetings discussion.	15	ICB negotiation re: year end expectation	Kris MacKenzie 08/02/2023	8	Risk remains, but risk rating reduced as negotiations with ICB and ICS are leading towards proposal that Trust will be asked to reduce plan from a £1.6m surplus to a break-even position. However, there may still be an information monitoring requiremetn as a result of this. Discussion ongoing.

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2759 16/11/2020 Laura Farrington People and OD Workforce Development 11/12/2022 BAF ORG HRC	Workforce Health & Wellbeing - Risk of adverse impact to staff health and wellbeing due to internal working conditions and pressures as well as external factors (demand, patient acuity, staffing levels, covid, civil unrest) resulting in increasing physiological and psychological harm.	16	Health and Wellbeing team established with Regional funding secured to fund the team until June 2023. Partnered with Talk Works to provide talking therapies and counselling services to reduce waiting times for counselling and psychological support services. Occupational health referral systems(self referral and management referral)and process in place. Occupation Health external review completed, with improvement plan now being implemented. Occupational Health Metrics discussed at POD Quality meeting. Physio appointed 24/7 catering/vending solution now in place and usage is positive Schwartz rounds commenced	12	Increase the number of Mental Health first aiders Relaunch Health and wellbeing check ins	Amanda Venner 28/02/2023 Amanda Venner 28/02/2023	8	Slight rewording in risk title as agreed as part of strategic risk review. Formal agreement at ERMG 25/07/2022

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Organisational Risk Register (sorted by highest CRR and risk ID) - Current/Managed Risks

Risk ID / Date Identified / Handler / BU / Service Line / Next Review Date / BAF / Risk Register / Objectives	Risk Description	IRR	Current Controls	CRR	Action	Action Owner / Action Due	TRR	Latest Progress Note
2945 14/09/2021 Debbie Renwick Chief Operating Officer Planning & Performance 27/10/2022 BU_DIR ORG	Risk of ineffective and inefficient management of services due to availability and access to appropriate and timely business intelligence to deliver and improve services	**15**	Programme of work established to work on improving access to BI and improve board reporting along with service line access to quality performance and workforce data Project Manager appointed to lead on this work with support from NECS. Programme involves 3 projects Static reporting – Look back - this is what we achieved Live reporting – this is how we are doing now and where we need to intervene to prevent poor performance Forecasting – these are the trends to be able to plan services much more effectively to meet demand the later two points need further development Some BI available in sitreps and excel format	**12**	• Work with the BU managers looking at what is available and start to build what is needed and get rid of what is not used/helpful • Improve data quality by working with teams and provide resilience to teams doing the RTT etc project groups established and PID developed and plans developed for delivery	Debbie Renwick 31/08/2022 Debbie Renwick 30/09/2022 David Thompson 30/09/2022	**4**	no change to risk following consultation with DR
3029 04/04/2022 Mr Andrew Beeby Chief Executive Office Medical Directorate 19/01/2023 BAF BU_DIR ORG QGC SA1.2 Continuous Quality improvement plan	Covid - There is a risk that there will be further waves of Covid, or continued endemic Covid, which could have an effect across the whole Trust (and the wider health and social care system) leading to workforce shortages, operational pressures because of the difficulty maintaining flow of patients presenting acutely and deflection from 'business as usual' activities and development / improvement work.	**20**	Business continuity and EPRR governance and resilience plans Staffing resilience and backup Service delivery plans IPC planning/ escalation/ reduction of PPE/ distancing Estate flexibility and planned escalation/ covid wards	**12**			**8**	update from Tom Knox. Risk remains the same. commencement of covid enquiry may see some changes to risk moving forward, but no change to date. Score to remain the same at present.

Key: **CRR** - Current Risk Rating **PRR** - Previous Risk Rating
IRR - Initial Risk Rating **TRR** - Target Risk Rating

Organisational Risk Register Report

Reporting Period: 16-Nov-2022 to 15-Jan-2023

Comparison Date: 15-Nov-2022

Gateshead Health NHS Foundation Trust

Organisational Risk Register (sorted by highest CRR and risk ID) - Current/Managed Risks

Risk ID / Date Identified / Handler / BU / Service Line / Next Review Date / BAF / Risk Register Objectives	Risk Description	IRR	Current Controls	CRR	Action	Action Owner / Action Due	TRR	Latest Progress Note
3089 25/07/2022 Gillian Findley Nursing, Midwifery & Quality Quality Governance 27/02/2023 BAF BU_DIR ORG QGC SA1.2 Continuous Quality improvement plan	Quality - There is a risk of quality failures in patient care (patient safety, patient experience and effectiveness) due to external causes such as delayed discharges and pressures from other Trusts resulting in patient harm, regulatory action, and reputational impact	15	Daily report provided detailing all delayed discharges within the Trust. regular meetings now established with social care. Discharge liaison staff available to support wards and facilitate earlier discharge.	12			6	NO change to risks or controls
3128 17/10/2022 Kris MacKenzie Finance Finance 28/02/2023 BAF BU_DIR FPC ORG SA3.2 Achieving financial sustainability	There is a Risk that the capital cost of delivery of the new operating model continues to increase resulting in revenue implications.	12	Detailed scrutiny of wider capital programme undertaken to ensure robust forecasting	12	Review of in-year costs with contractor	Paul Swansbury 31/01/2023	9	Risk remains.

Key: **CRR** - Current Risk Rating **PRR** - Previous Risk Rating
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Organisational Risk Register Report

Reporting Period: 16-Nov-2022 to 15-Jan-2023

Comparison Date: 15-Nov-2022

Gateshead Health NHS Foundation Trust

Organisational Risk Register (sorted by highest CRR and risk ID) - Current/Managed Risks

Risk ID / Date Identified / Handler / BU / Service Line / Next Review Date / BAF / Risk Register / Objectives	Risk Description	IRR	Current Controls	CRR	Action	Action Owner / Action Due	TRR	Latest Progress Note
1636 10/11/2014 Dianne Ridsdale Digital IT 10/03/2023 DIGC MDMG ORG	UCRF R01/R03/R20/R23 Malware such as Ransomware Compromising Unpatched Endpoints, Servers, Equipment or due to Lack of Hardened Build Standards. There is a risk of potential exposure to published critical cyber vulnerabilities. Laptops, workstations and medical devices compromised by ransomware or botnets, due to endpoints being susceptible to compromise through the use of obsolete, old, or unpatched operating systems and third party software, including Java. Endpoints often not monitored for patch status. Endpoints compromised more easily through dangerous browser plugins (such as Java, Flash), or unsupported browsers. Servers compromised by ransomware, due to servers susceptible to compromise through the use of obsolete, old, or unpatched operating systems and software. Servers often not monitored for patch status. Due to failure to maintain all Digital assets, including installing Operating system patches, AV patches or other software and hardware updates across the IT estate, including network equipment and medical devices. Resulting in potential harm to patients, data leaks, impacts on service delivery.	**25**	AV on all end points AV up to date ATP in place site wide NHSD & Microsoft group policy templates Ongoing updates routinely planned as they are released Patching regime Network fully supported and maintained	**10**	Review trust asset register for EOL hardware/Software Review trust asset register for EOL hardware/Software	Mark Bell 31/03/2023 David Thompson 31/03/2023	**5**	Progress on EOL to date and actions are also in progress IG are auditing and providing advice and IT are planning and drafting a process
2880 30/04/2021 Mr Andrew Beeby Chief Executive Office Medical Directorate 30/03/2023 BAF ORG QGC	Health Outcomes - Risk that Place/ICS/ICP strategy and plans do not fully align with our objectives and aspirations to tackle health inequalities due to different approaches resulting in slow or no progress against health inequalities.	**12**	Being involved with ICS / ICP / Place in the development of work (co-production) Health Inequalities Board established.	**9**			**6**	Awaiting further information from ICS

Organisational Risk Register Report

Reporting Period: 16-Nov-2022 to 15-Jan-2023

Comparison Date: 15-Nov-2022

Gateshead Health NHS Foundation Trust

Changes in CRR - Current/Managed Risks

Risk ID / Date Identified / Handler / BU / Service Line / Next Review Date / BAF / Risk Register / Objectives	Risk Description	IRR	Current Controls	CRR	Action	Action Owner / Action Due	TRR	Latest Progress Note	PRR
3095 26/07/2022 Amanda Venner People and OD Workforce Development 12/01/2023 BU_DIR EPRR ORG HRC QGC	Risk of Significant, unprecidented service disruption due to industrial action	20	Industrial action working group established and meeting regularly. Focussed planning sessions have taken place to explore the planning, response and recovery elements of industrial action with reasonable worse case scenarios considered. A detailed work plan has been produced with a number of actions, lead officers and timescales citrep position updated daily Business continuity planning command and control structure will recommence in the event of industrial action Current mitigation is closer partnership working and regular local discussions with staff-side and respective trade union representatives (including RCN) as part of the IA Internal Working Group and the Sub-group of the JCC set up of command and control and coordination 12th decemner locla strike committee in place from friday 9th	20	Support industrial action task and finish group Implementation of JCC sub- group on industrial action	Amanda Venner 31/03/2023 Amanda Venner 31/03/2023	9	Reviewed today with LCJ. score increased to 20. confirmation of RCN and NEAS strikes could severely impact on patient safety, therefore likelihood increased.	16
									1

Risks Moved to Managed in Period

Risk ID / Date Identified	Risk Description	IRR	Current Controls	CRR	Action	Action Owner	TRR

Organisational Risk Register Report

Reporting Period: 16-Nov-2022 to 15-Jan-2023

Comparison Date: 15-Nov-2022

Gateshead Health NHS Foundation Trust

Handler BU Service Line Next Review Date BAF / Risk Register Objectives						Action Due	
							0

Risks Closed in Period

Risk ID / Date Identified	Risk Description	IRR	Current Controls	CRR	Action	Action Owner / Action Due	TRR	Closure Details	PRR
Handler BU Service Line Next Review Date BAF / Risk Register Objectives						(Open Actions)			
									0

Organisational Risk Register Report

Reporting Period: 16-Nov-2022 to 15-Jan-2023

Comparison Date: 15-Nov-2022

Gateshead Health NHS Foundation Trust

Risks Added in Period

Risk ID / Date Identified / Handler / BU / Service Line / Next Review Date / BAF / Risk Register / Objectives	Risk Description	IRR	Current Controls	CRR	Action	Action Owner / Action Due	TRR	Latest Progress Note / Date Added to ORR
3063 27/05/2022 Amy Muldoon Medical Services Medical Services - Divisional Management 23/01/2023 BU_DIR COO FPC ORG	Risk of not being able to deliver services within current budget leading to potential reduced quality of care and patient outcomes. This is in part a result of the unfunded increase in bed base due to the delay in transfer of care to the local authority.	**16**	Budget ledgers Budget Meetings	**20**	Identify any potential areas for CRP	Amy Muldoon 27/01/2023	**4**	added to ORR following ERMG December 22 12-12-2022
					Review use of agency and bank for HCA's and Qualified nurses	Rachel Thompson 24/02/2023		
					Review of locum and agency medical staffing.	Amy Muldoon (Completed 23/12/2022)		
					Review of every cost centre where overspend	Amy Muldoon (Completed 23/12/2022)		
								1

Risks Removed in Period

Risk ID / Date Identified / Handler / BU / Service Line / Next Review Date / BAF / Risk Register / Objectives	Risk Description	IRR	Current Controls	CRR	Action	Action Owner / Action Due	TRR	Latest Progress Note / Date Removed from ORR
								0

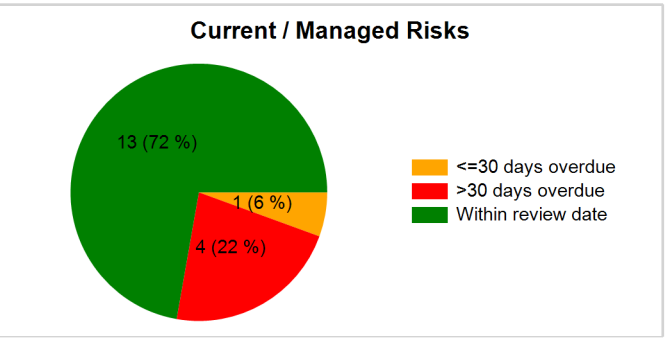
Organisational Risk Register Report

Reporting Period: 16-Nov-2022 to 15-Jan-2023

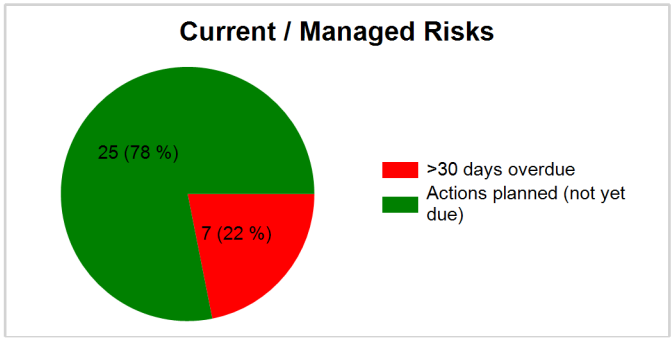
Comparison Date: 15-Nov-2022

Gateshead Health NHS Foundation Trust

Risk Review Compliance



Risk Action Compliance



Movements in CRR

				CRR		
BU	Service Line	ID	Risk Description	Nov-2022	Dec-2022	Today
Chief Executive Office	Medical Directorate	2880	Health Outcomes - Risk that Place/ICS/ICP strategy/plans do not align with our objectives to tackle health inequalities	9	9	9
		3029	Covid - Risk of further waves/continued endemic Covid, which could impact operational delivery across the whole Trust.	12	12	12
Chief Operating Officer	Planning & Performance	2868	New Operating Model -Risk to the delivery of the new operating model resulting in adverse impact on performance & recovery plans	20	20	20
		2945	Risk of ineffective and inefficient management of services due to availability and access to appropriate and timely BI.	12	12	12
Digital		1490	Failure to manage Information Assets	15	15	15
	IT	1636	UCRF R01/R03/R20/R23 - Malware such as Ransomware Compromising Unpatched Endpoints, Servers and Equipment	10	10	10
Finance	Finance	3103	operational pressures result in non achievement of CRP	20	20	20

Organisational Risk Register Report

Reporting Period: 16-Nov-2022 to 15-Jan-2023

Comparison Date: 15-Nov-2022

Gateshead Health NHS Foundation Trust

Movements in CRR

				CRR		
BU	Service Line	ID	Risk Description	Nov-2022	Dec-2022	Today
Finance	Finance	3127	There is a considerable risk that the trust is unable to meet the required forecast outturn positon of 1.6m surplus	20	20	20
		3128	Risk that the capital cost of delivery of the new operating model continues to increase resulting in revenue implications.	12	12	12
Medical Services	Med 1	2558	Risk of a 12 hour A&E wait in ED from arrival	20	20	20
	Medical Services - Divisional Management	2982	Risk of delayed transfers of care and increased hospital lengths of stay	16	16	16
		3063	Risk of over spend against budget	20	20	20
Nursing, Midwifery & Quality	Quality Governance	3089	Quality - Risk of quality failures in patient care due to external causes such as delayed discharges and external pressures.	12	12	12
People and OD	Human Resources	2764	Workforce - Risk of not having the right people in the right place at the right time with the right skills.	16	16	16
	Workforce Development	2759	Workforce health & Wellbeing - Risk of adverse impact to staff health and wellbeing due to internal and external pressures	12	12	12
		3095	Risk of Significant, unprecidented service disruption due to industrial action	16	20	20
Surgical Services	Obstetrics	2398	Risk that MDT are delayed to a maternity emergency/delayed CCU transfers for maternity patients due to separate buildings	15	15	15
	Theatres & Anaesthetics	3057	Risk of ventilation failure to multiple theatres resulting in potential infection risks	20	20	20

Key: **CRR** - Current Risk Rating **PRR** - Previous Risk Rating
IRR - Initial Risk Rating **TRR** - Target Risk Rating

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 11

Report Title:	**Consolidated Finance Report – Part One**			
Name of Meeting:	Trust Board			
Date of Meeting:	25th January 2023			
Author:	Mrs Jane Fay, Deputy Director of Finance			
Executive Sponsor:	Mrs Kris Mackenzie, Group Director of Finance & Digital			
Report presented by:	Mrs Kris Mackenzie, Group Director of Finance & Digital			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☒	**Assurance:** ☒	**Information:** ☐
	The purpose of this paper is to provide assurance against corporate objectives and address financial risks			
Proposed level of assurance – to be completed by paper sponsor:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Not applicable			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity, and inclusion*	For the period April to December 22 the Trust has reported an actual deficit of £2.502m after adjustments for donated assets and gain & losses of asset disposal. This is a further deterioration from the Trusts financial plan of £0.573m and a year-to-date adverse variance of £4.112m from the Trust's planned surplus. For the period April to December 2022 the Trust has spent £5.346m (47%) of its approved CDEL totalling £11.298m.			
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	The recommendation to Board is to receive the report, discuss the potential implications and record partial assurance as a direct consequence of the reported year to date position. To note the summary of performance as of 31st December 2022 (Month 9) for the Group (inclusive of Trust and QE Facilities, excluding Charitable Funds).			
Trust Strategic Aims that the report relates to:	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients		

	Aim 2 ☐	We will be a great organisation with a highly engaged workforce			
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 ☐	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 ☐	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	Ensuring robust governance structures to enhance our productivity and efficiency to make the best use of resources				
Links to CQC KLOE	Caring ☐	Responsive ☐	Well-led ☒	Effective ☐	Safe ☐
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	Financial Risks				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐		**No** ☐	**Not applicable** ☒	

1. Introduction

1.1 The purpose of this report is to provide a summary of financial performance as of 31st December 2022 (month 9) for the Group (inclusive of the Trust and QE Facilities, excluding Charitable Funds). Reporting for December is against the Trusts 2022-2023 financial plan which reports an annual surplus of £1.610m inclusive of the achievement of a £10.939m cost reduction target and achievement of elective recovery funding income (ERF) totalling £6.226m.

2 Income and Expenditure

2.1 The Trust has reported a deficit of £2.309m for the period April to December 22 and £2.502m after the adjustment for donated assets, gains / loss on disposal of assets.

2.2 This is an adverse variance of £4.112m against the Trusts financial plan as detailed on the Trust Statement of Comprehensive Income (SOCI) as presented in Table 1 and an in-month deterioration against the Trust financial plan of £0.573m**.**

2.3 For the month of December 2022 the Trust has reported actual income of £30.620m, and an in-month favourable movement of £1.129m against the Trusts financial plan. The in-month movement is mainly due to the successful resolution of a pass-through drug challenges totalling £0.100m, income for discrete developments & pay award totalling £0.928m not included in the original plan, the impact of the transfer of the GP service to a new Provider totalling (£0.322m), education & training income totalling £0.257m and other small variances totalling £0.166m.

2.4 Total year to date income is £275.449m and a favourable variance of £10.033m against the Trusts financial plan. The year-to-date variance is mainly due to funding for discrete developments & pay award totalling £7.302m, more income than planned for pass through drugs & devices £1.041m, education & training income £2.434m, a one-off grant to fund the Trust de-carbonisation scheme £0.428m and other small variances across other and research & development totalling £0.866m, offset by the impact of the transfer of the GP service to a new Provider totalling (£1.146m) and less income than planned for pathology pillar 1 testing (£0.892m).

2.5 For the month of December 2022 the Trust has reported actual operating expenditure of £30.880m and in-month adverse movement of £1.806m against the Trusts financial plan. The in-month movement is mainly due to mainly due to an over-spend against non-clinical supplies & services £1.229m, drugs of £0.160m, clinical supplies and services £0.283m and purchase of healthcare £0.129m

2.6 Total year to date operating expenditure is £274.633m and an adverse variance of £14.530m against the Trusts financial plan. The year-to-date variance is mainly due to the non-achievement of the CRP target across pay and non-pay totalling £3.514m, impact of 22-23 pay award £3.414m, over-spends against drugs of £2.443m, purchase of healthcare from NHS & Non-NHS bodies £1.745m and clinical supplies & services of £1.496m.

December 22-23	NHSE APRIL - MARCH 23 FINAL PLAN					VARIANCE		
	Annual Plan	Plan In Month	Actual In Month	Plan to Date	Actual to Date	Variance (Actual - Plan)	Previous Month Variance	Movement in Month
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Operating								
Operating Income from Patient Care activities								
Income From NHS Care Contracts	(320,909)	(26,741)	(27,464)	(240,669)	(247,982)	(7,313)	(6,590)	(723.1)
Income From Local Authority Care Contracts	(90)	(7)	(17)	(63)	(140)	(77)	(67)	(9.6)
Private Patient Revenue	(735)	(61)	(57)	(549)	(522)	27	23	4.4
Injury Cost Recovery	(290)	(24)	(38)	(216)	(410)	(194)	(180)	(13.6)
Other non-NHS clinical revenue	(850)	(71)	(48)	(639)	(525)	114	91	22.9
Total Operating Income From Patient Care activities	**(322,874)**	**(26,904)**	**(27,623)**	**(242,136)**	**(249,578)**	**(7,442)**	**(6,723)**	**(718.9)**
Other Operating Income								
Education and Training Income	(7,631)	(636)	(893)	(5,724)	(8,158)	(2,434)	(2,177)	**(256.8)**
R&D Income	(527)	(44)	(74)	(396)	(678)	(282)	(251)	**(30.5)**
Top up Income			0		0	0	0	-
Funding outside of System Envelope	(3,910)	(326)	(224)	(2,934)	(2,042)	892	789	**102.4**
Other Income	(18,609)	(1,551)	(1,807)	(13,956)	(14,565)	(609)	(353)	**(255.7)**
Donations & Grants Received	(366)	(30)	0	(270)	(428)	(158)	(188)	**30.0**
Total Other Operating Income	**(31,043)**	**(2,587)**	**(2,998)**	**(23,280)**	**(25,870)**	**(2,590)**	**(2,180)**	**(410.6)**
Total Operating Income	**(353,917)**	**(29,491)**	**(30,620)**	**(265,416)**	**(275,449)**	**(10,033)**	**(8,903)**	**(1,129.5)**
Operating Expenses								
Employee Expenses - Substantive	221,172	18,626	18,232	165,146	165,979	833	1,225	**(392.6)**
Employee Expenses - Bank	7,150	561	893	5,547	8,243	2,696	2,365	**330.7**
Employee Expenses - Agency	3,653	276	525	2,911	7,353	4,442	4,193	**248.9**
Employee Expenses - Other	1,187	99	(54)	891	551	(340)	(187)	**(153.3)**
Total Employee Expenses	**233,162**	**19,562**	**19,596**	**174,495**	**182,125**	**7,630**	**7,596**	**33.7**
Purchase of Healthcare - NHS bodies	6,076	506	551	4,554	5,237	683	638	**44.9**
Purchase of Healthcare - Non NHS bodies	2,348	196	281	1,764	2,826	1,062	978	**84.6**
Purchase of Social Care	0	0	0	0	0	0	0	-
NED's	188	16	14	144	124	(20)	(18)	**(2.1)**
Supplies & Services - Clinical	24,096	2,008	2,291	18,075	19,571	1,496	1,212	**283.4**
Supplies & Services - General	3,225	269	241	2,421	2,231	(190)	(162)	**(28.0)**
Drugs	18,339	1,529	1,689	13,761	16,204	2,443	2,283	**160.1**
Research & Development expenses	0	0	(0)	0	17	17	17	**(0.0)**
Education & Training expenses	1,089	91	81	819	1,358	539	549	**(10.4)**
Consultancy costs	143	12	211	108	572	464	264	**199.5**
Establishment expenses	3,209	268	315	2,412	2,893	481	434	**46.5**
Premises	17,041	1,420	1,252	12,780	12,662	(118)	50	**(167.6)**
Transport	1,628	136	143	1,224	1,222	(2)	(9)	**6.9**
Clinical Negligence	7,923	660	660	5,940	5,942	2	2	**0.2**
Operating Leases	2,604	217	44	1,953	692	(1,261)	(1,087)	**(173.4)**
Other Operating expenses	3,967	331	1,560	2,979	5,210	2,231	1,003	**1,228.5**
Cost Improvement Programme	0	0	0	0	0	0	0	-
Reserves	0	0	0	0	0	0	0	-
Operating Expenses included in EBITDA	**325,038**	**27,221**	**28,928**	**243,429**	**258,886**	**15,457**	**13,750**	**1,706.8**
Depreciation & Amortisation - Purchased / Constructed	8,238	687	669	6,183	5,812	(371)	(353)	**(17.7)**
Depreciation & Amortisation - Donated / Granted	366	30	23	270	235	(35)	(28)	**(7.1)**
Depreciation & Amortisation - Finance Leases	13,569	1,131	1,130	10,176	10,171	(5)	(4)	**(0.9)**
Impairment & Revaluation	61	5	130	45	(472)	(517)	(642)	**124.7**
Restructuring Costs			0		0	0	0	-
Operating Expenses excluded from EBITDA	**22,234**	**1,853**	**1,952**	**16,674**	**15,746**	**(928)**	**(1,027)**	**99.1**
Total Operating Expenses	**347,272**	**29,074**	**30,880**	**260,103**	**274,633**	**14,530**	**12,724**	**1,805.9**
(Profit)/Loss from Operations	**(6,645)**	**(417)**	**259**	**(5,313)**	**(816)**	**4,497**	**3,820**	**676.4**
Non Operating								
Non-Operating Income								
Finance Income	(105)	(9)	(123)	(81)	(571)	(490)	(376)	**(113.8)**
Total Non-Operating Income	**(105)**	**(9)**	**(123)**	**(81)**	**(571)**	**(490)**	**(376)**	**(113.8)**
Non-Operating Expenses								
Finance Costs	589	49	68	441	614	173	154	**19.1**
Gains / (Losses) on Disposal of Assets	0	0	0	0	12	12	12	-
PDC dividend expense	3,156	263	310	2,367	2,507	140	93	**46.7**
Total Finance Costs (for non-financial activities)	**3,745**	**312**	**378**	**2,808**	**3,133**	**325**	**259**	**65.7**
Other Non-Operating Expenses								
Misc. Other Non-Operating expenses			0		0	0	0	
Total Non-Operating Expenses	**3,745**	**312**	**378**	**2,808**	**3,133**	**325**	**259**	**65.7**
(Surplus) / Deficit Before Tax	**(3,005)**	**(114)**	**514**	**(2,586)**	**1,746**	**4,332**	**3,703**	**628.4**
Corporation Tax	1,395	116	83	1,044	563	(481)	(448)	**(32.7)**
(Surplus) / Deficit After Tax	**(1,610)**	**2**	**598**	**(1,542)**	**2,309**	**3,851**	**3,255**	**595.7**
(Surplus) / Deficit After Tax from Continuing Operation	**(1,610)**	**2**	**598**	**(1,542)**	**2,309**	**3,851**	**3,255**	**595.7**
Remove capital donations / grants I&E impact	0	0	(23)	0	193	193	215	**(22.9)**
Gain on disposal of assets	0	0	0	0	0	0	0	-
Impairements - AME	0	0	0	0	0	0	0	-
Loss on disposal of DHSC assets	0	0	0	0	0	0	0	-
Remove net impact of consumables donated from other DHSC bodies			0		0	0	0	-
Adjusted Financial Performance (Surplus) / Deficit	**(1,610)**	**2**	**575**	**(1,542)**	**2,502**	**4,043**	**3,471**	**572.8**

Table 1: Trust Statement of Comprehensive Income

3 Cost Reduction Programme (CRP)

3.1 Included in the Trusts 2022-23 financial plans is an annual CRP requirement of £10.939m with £8.643m planned to be achieved by December 22. For the period up to December 22, £5.129m has been achieved with a year-to-date adverse variance of £3.514m. On a full year effect recurring basis, a total of £1.757m has been achieved.

	22-23 Annual Target £000	22-23 YTD Target £000	22-23 YTD Achieved £000	22-23 YTD Variance £000	22-23 Annual Achieved £000	23-24 FYE Achieved £000	22-23 % FYE Achieved of Target
Chief Executive	(0.087)	(0.069)	(0.115)	0.046	(0.143)	(0.111)	163.8%
Chief Operating Officer	(0.118)	(0.093)	(0.005)	(0.088)	(0.005)	0.000	4.2%
Clinical Support & Screening	(2.627)	(2.080)	(2.420)	0.341	(2.641)	(0.348)	100.5%
Community	(0.898)	(0.711)	(0.230)	(0.481)	(0.252)	(0.087)	28.1%
Director Of Nursing	(0.389)	(0.308)	(0.091)	(0.217)	(0.110)	0.000	28.4%
Estates & Facilities	(0.134)	(0.100)	0.000	(0.100)	0.000	0.000	0.0%
Finance & Information	(0.473)	(0.380)	(0.395)	0.014	(0.473)	(0.172)	100.0%
Medical Director	(0.017)	(0.013)	(0.023)	0.009	(0.023)	0.000	134.4%
Medicine & Elderly	(2.131)	(1.687)	0.000	(1.687)	0.000	0.000	0.0%
People & Organisational Development	(0.164)	(0.130)	(0.110)	(0.019)	(0.121)	(0.036)	73.6%
Surgical Services	(2.414)	(1.911)	(1.097)	(0.813)	(1.158)	(0.241)	48.0%
Trust Financing	(1.488)	(1.162)	(0.642)	(0.520)	(0.762)	(0.762)	51.2%
Total	**(10.939)**	**(8.643)**	**(5.129)**	**(3.514)**	**(5.687)**	**(1.757)**	**52.0%**

4 Cash and Working Balances

4.1 Group cash as of 1st April 2022 totalled £55.586m. The cash position of £45.043m as of 31st December is equivalent to an estimated 47.41 days operating costs (53.59 days November) and represents a £5.869m decrease from November 2022.

4.2 The liquidity metric has deteriorated by 1.51 days against November to +10.14 days, this is 0.37 days better than Plan (9.77 days).

4.3 The balance sheet is presented in Table 2.

Statement of Position - December 2022

	2022/2023 November 2022 Group	2022/2023 December 2022 Group	Movement from Prior Month	2022/2023 December 2022 QEF	2022/2023 December 2022 FT
	£000's	£000's	£000's	£000's	£000's
Assets					
Non-Current Assets					
Investments	80	80	0	80	16,824
Property, Plant and Equipment, Net	136,896	137,361	465	1,336	136,025
Trade and Other Receivables, Net	2,031	2,025	(6)	814	1,211
Finance Lease - Intragroup				42,047	0
Trade and Other Receivables - Intragroup Loan	0	0	0		11,668
Total Non Current Assets	139,007	139,466	459	44,277	165,728
Current Assets					
Inventories	4,661	5,029	368	2,644	2,385
Trade and Other Receivables - NHS	9,796	9,889	93	1,261	8,628
Trade and Other Receivables - Non NHS	4,797	3,664	(1,133)	606	3,057
Trade and Other Receivables - Other	0	0	0		0
Prepayments	5,383	4,630	(753)	426	4,204
Cash and Cash Equivalents	50,913	45,043	(5,869)	4,526	40,517
Other Financial Assets - PDC Dividend	0	0	0		0
Accrued Income	2,408	2,716	308	1,951	764
Finance Lease - Intragroup				176	0
Trade and Other Receivables - Intragroup Loan					1,044
Total Current Assets	85,225	70,970	(6,987)	11,591	60,599
Liabilities					
Current Liabilites					
Deferred Income	9,386	8,323	(1,063)	174	8,149
Provisions	3,701	1,834	(1,868)	320	1,514
Current Tax Payables	4,723	4,535	(188)	399	4,136
Trade and Other Payables - NHS	3,383	2,591	(792)	745	1,846
Trade and Other Payables - Other	12,415	8,711	(3,704)	3,177	5,535
Trade and Other Payables - Capital	139	228	89	0.000	228
Other Financial Liabilities - Accruals	27,478	28,764	1,286	6,283	22,482
Other Financial Liabilities - Borrowings FTFF	499	499	0	0.000	499
Other Financial Liabilities - PDC Dividend	619	929	310	0.000	929
Other Financial Liabilities - Intragroup Borrowings	0	0		1,044	0
Finance Lease - Intragroup	0	0		0	176
Total Current Liabilities	69,612	56,413	(5,930)	12,140	45,493
NET CURRENT ASSETS (LIABILITIES)	15,613	14,556	(1,056)	(549)	15,106
Non-Current Liabilities					
Deferred Income	2,018	2,018	0	1,719	299
Provisions	3,123	3,123	0	0	3,123
Trade and Other Payables - Other	0	0	0	0	0
Other Financial Liabilities - Accruals	0	0	0	0	0
Other Financial Liabilities - Intragroup Borrowings	0	0	0	11,668	0
Other Financial Liabilities - Borrowings FTFF	13,011	13,011	0	0	13,011
Finance Lease - Intragroup				0	42,047
Total Non-Current Liabilities	18,152	18,152	0	13,387	58,480
TOTAL ASSETS EMPLOYED	**136,468**	**135,870**	**(598)**	**30,341**	**122,354**
Tax Payers' and Others' Equity					
PDC	145,470	145,470	0	0	145,470
Taxpayers Equity	0	0	0	0	0
Share Capital	0	0	0	16,824	0
Retained Earnings (Accumulated Losses)	(18,896)	(19,494)	(598)	21,745	(41,239)
Other Reserves	0	0	0	0	0
Revaluation Reserve	9,795	9,795	0	0	9,795
Misc Reserve	99	99	0	0	99
TOTAL TAXPAYERS EQUITY	136,468	135,870	(598)	38,569	114,126
TOTAL ASSETS EMPLOYED	**136,468**	**135,870**	**(598)**	**38,569**	**114,126**

Table 2 – Statement of Position

5 Capital

5.1 The Trusts 2022-2023 CDEL limit had been set at £8.419m, with contributions from capital grants of £0.427m and donated assets of £0.480m increasing capital resources to £9.326m. Charitable Funds donated asset funds are estimated at £0.281m for 2022/23, a reduction of £0.199m. PDC funding expected for digital maturity (£0.300m) has now been withdrawn (zero spend), with cyber security PDC increased to £0.078m from £0.050m. Additional PDC awards of £3.001m in respect of CDC (£0.499m); Endoscopy (£0.485m); Bowel Cancer Screening (£0.562m); Breast Screening (£0.697m); and Digital Diagnostics (£0.758m) result in a capital programme to the value of £11.856m as summarised in the table below: -

CDEL	£000's
Net Depreciation*	7,605
Internal Cash	464
Donation - Decarbonisation	427
Donated Assets	281
PDC	3,079
Total	11,856

* After Principal Loan Repayments of £1.178m

5.2 Capital spend up to the end of December was £5.346m, £2.704m below plan. Expenditure in the period was in respect of the Maternity Theatre, building maintenance, the New Operating Model, IT Infrastructure, Equipment Replacement, Health & Safety, small schemes, and schemes carried forward from the 2021/22 programme.

6 Risk

6.1 There are several risks that must be noted alongside consideration of the reported financial position:

Risk	Rating
Activity is not delivered in line with planned trajectories, leading to reduced access to ERF funding	15
Efficiency requirements cannot be achieved due to ongoing operational pressures resulting from COVID, demand on unscheduled care and capacity to deliver transformation programme	15
Financial mitigations (Trust) assumed in plan are not realised in line with expected figures	6
Cost implications associated with winter and non-funded escalation beds due to delated discharges, not yet quantifiable	6
Capital schemes are not in place in a timely basis to enable capacity required to manage surge	12
The capital plan may be impacted by short notice, non-recurrent funding made available nationally	9

NHS
Gateshead Health
NHS Foundation Trust

Report Cover Sheet Agenda Item: 12

Report Title:	**Integrated Oversight Report**			
Name of Meeting:	Finance and Performance Committee			
Date of Meeting:	24th January 2023			
Author:	Deborah Renwick & Jon Gaines and IOR Reporting Leads			
Executive Sponsor:	Joanne Baxter			
Report presented by:	Deborah Renwick			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☒	**Assurance:** ☐	**Information:** ☐
	To summarise performance in relation to key NHS standards, requirements and KLOE's to outline the risks and recovery plans associated with COVID -19. This report covers the reporting period November and December 2024			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☒ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Chief Operating Officer's Senior Management Team Trust Senior Management Team			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	Key points highlighted in the IOR: **<u>Safe (pages 7-13 of IOR)</u>** • 6 serious incidents reported in December, open and under investigation. 0 open patient safety alert showing on the national system as not completed by deadline, as of January. No Never Events in the past 18 months. • Medication errors per 1000 FCEs returned to common cause variation in December 2022, with 9.6 medication errors per 1000 finished consultant episodes (FCEs) • The trust has had zero incidence of Healthcare Associated MRSA BSI in the preceding 12 months and four community healthcare associated MRSA BSI in December 2022. • 21 Healthcare associated CDI cases since April 2022 (against the CDI threshold for 2022/23 of 32), 4 in December (2 hospital and 2 community) • The Trust has reported 3 Healthcare Associated and 4 Community Associated MSSA BSI during December 2022. 8 Healthcare Associated E. coli during November December – 3 HOHA's and 5 COHA's. • The Trust has reported 0 P. aeruginosa BSI during December 2022, and 5 Klebsiella.ssp (1 community and 4 healthcare).			

Effective (pages 14 - 18 of IOR)

- The Trust Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Level Indicator (SHMI) continue to both now shows deaths within the expected range.
- The Long Length of stay greater than 21 days indicator has triggered special cause variation. There was a deterioration in the average number of long stay patients (LOS 21+) from 95.1 in November to 107.5 in December

Responsive (pages 19 – 33 of IOR)

UEC: Front of house performance measures continue to demonstrate both system and site pressures:

- 4-hour performance was 68.8% placing the Trust 25st out of 139 NHS Type 1 providers (71.1% & ranked of 31st last month)
- Attendances increased in December to 10,377 (highest of the year so far), daily attendances averaged 73 per day more than December 2021 (increase of 28.1%).
- Paediatrics attendances increased significantly at 2030 in December, accounting for 19.6% of all attendances. This is an increase 642 (46%) in November and 960 (89%) in October.
- **538 patients waited longer than 12 hours to be admitted (up from 172 in November)**
- 12 hour waits in department to discharge increased to 1116 or 10.75% (738/7.71% in November)
- Ambulance handover delays were 93: 30-60 and 250: >60 mins
- Ambulance diverts decreased to reduce to 26 in December, all came from Durham
- Ambulance diverts supported by others increased from 18 to 55, the highest of the year so far
- Average bed occupancy 96.6% in December (96.5% in November), remains highest in the ICB area

Indicative activity in December – was below planned levels overall, with some areas above:

- Combined elective activity – 90%
- Day cases: 105%
- Elective inpatients: 76%
- New outpatient attendances: 98%
- Follow-up attendances: 85%
- Diagnostics 121%

RTT:

- Fall in the number of patients waiting for treatment from 12,715 in November to 12,593 in December
- 52-week waiters are above planned levels with 99 waiters in December over a plan of 10
- 2 78-week waiter at the end of December
- December RTT <18-week waiter's performance at 68.6%
- November RTT <18 weeks waiter's performance at 72.1%

Diagnostics: DM01 6-week performance 80.8% in December, reduction from 84.5% in November. Pressures remain in Audiology and echocardiology. Numbers waiting for a diagnostic test reduced from 5399 in November to 4855 in December, however the number of patients waiting >6 weeks increased from 837 in November to 931 in December. Echocardiography and Audiology continue to

	contribute to risk in achieving this standard, both seeing falls in performance in December to 42.5% and 42.2% respectively. Both tests saw reductions in overall waiters but increased 6 week+ waiters. **Cancer: Performance measures:** • 2week wait performance 86.6% for November, 83.1% for December (indicative) • Faster Diagnosis Standard at 78.6% for November, 81.3% for December (indicative) • 31-day standard at 99.4% for November, 96.4% for December (indicative) • 62-day cancer at 67.1% for November, 61.1% for December (indicative) • 62-day waiters are 59, above planned for levels of 55 • 104-day waiters increased to 11 end December from 9 end of November **Duty of candour:** Duty of Candour compliance still demonstrating concern for Jun-December. December compliance was 68%, from 76% in November and 88% in October, below the 100% compliance required. **Well led (pages 33 - 36 of IOR)** Core training performance increased to 82.5 % triggering special cause variation improvement; however, the target is consistently not achieved. Appraisals increased to 69.6 triggering special cause variation improvement, however the target is consistently not achieved. Sickness Absence rates increased to 6.6%, common cause variation and above the 18-month average. **Benchmarking (page 10 of this report)** The Trust remains in a relatively strong position against available benchmarking data. Table in page shows a worsened position in relation to our benchmarked position for A&E 4-hour standards, however this improved in December, and 52-week waiters when compared with the start of this financial year. Others have improved or remain in the best rank that can be achieved.
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	This report seeks to provide assurance in respect of the priority objectives to 3.8 deliver operational transformation to improve productivity and efficiency. The recommendations to the Committee are to receive this report, discuss the potential implications and record as limited/partial assurance as a direct consequence of the workforce challenges, impact on activity recovery, long waiting times and performance.

Trust Strategic Aims that the report relates to:	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources
	Aim 4 ☒	We will be an effective partner and be ambitious in our commitment to improving health outcomes

	Aim 5 ☐	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:	3.8 (F&P) Deliver operational transformation to improve productivity & efficiency 3.9 (F&P) Develop smart integrated reporting framework				
Links to CQC KLOE	Caring ☒	Responsive ☒	Well-led ☒	Effective ☒	Safe ☒
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	• Activity & Elective Recovery (2560, 2884,2869) • Emerging increase in referrals rates – Breast, T&O and urology) • UEC performance and flow • Ambulance Delays • 12 Hour Trolley waits • Cancer rising referral rates (breast) Gynae transfers • Workforce fatigue and health and well being • Staffing and workforce gaps in key areas (2956, 2942, 2514, 2946, 2938, 2953, 1675) • Backlog reduction: Cancer – Urology, Gynaecology (2514), LGI Echocardiology (2730) • Outpatient face to face capacity				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒		

INTEGRATED OVERSIGHT REPORT – January COMMITTEES

1. Introduction

1.1 This report summarises performance across key NHS standards, requirements and KLOE's outlining the risks and ongoing recovery plans associated with COVID -19. This report covers the reporting period of November and December reporting performance predominantly retrospectively where data is validated, signed off and submitted, as highlighted below. Where indicative data is provided in IOR it is identified.

IOR section	Data Item	Reporting Period	Data Quality Sign Off
Safe	SI's	December 22	***
Safe	Medication Errors	December 22	***
Safe	Open Safety alerts	December 22	***
Safe	Infection, Prevention and Control	December 22	***
Effective	HMSR	Jun 20 to Oct 22	***
Effective	SHMI	Mar 20 to Jul 22	***
Effective	Discharge (Sitrep)	Jan 22 to Dec 22	*
Effective	Long Lengths of Stay	December CDS	***
Effective	Efficiency & Productivity	December & October	***
Responsive	Community	Nov final/Dec unvalidated **	**
Responsive	UEC measures	December 22	***
Recovery	Elective Care	December 22	**
Responsive	Health Inequalities	December 22	*
Responsive	RTT	December 22	***
Responsive	Cancer	Nov /December (provisional)	**
Responsive	Diagnostics	December	***
Recovery	Activity	December (provisional)	**
Well Led	Sickness, Appraisals, training	November 22	***
*** Signed off Unlikely to change, ** Subject to validation * snapshot position			

1.2 Trust Corporate Objectives relating to this report and overseen by the following Committees are:

Quality Governance Committee:

- 1.8 Achieve accreditation of Nursing and Midwifery excellence programme
- 1.10 Supporting the route map to CQC Outstanding

People & OD:

- 2.5 Strengthen approaches to people related quality, performance & governance measures

Finance & Performance Committee:

- 3.8 Deliver operational transformation to improve productivity & efficiency
- 3.9 Develop smart integrated reporting frameworks

2. Key issues & findings

2.1 Safe

2.1.1 **Trust level SI's (page 7):** Six incidents have been reported in December totalling 56 to date in this financial year. The six incidents in December were all categorised as severe/major harm, with 3 related to falls, 1 diagnosis, 1 monitoring and 1 still birth.

2.1.2 **Medication Errors (page 8): Returned to c**ommon cause variation in December 2022 with 9.6 medication errors per 1000 finished consultant episodes (FCEs). A total of 87 medication errors were observed in November 2022, 80 categorised as no harm and 7 low harm. This reporting period represents a sustained level of increased reporting, but with low numbers leading to harm indicating a positive safety culture for the reporting of medication related incidents. Medication incidents are analysed quarterly by the Trust Medicines Safety Officer for presentation and action at Medicines Governance Group.

2.1.3 **Patient Safety Alerts (page 9):** There are now no open patient safety alerts showing on the national system as not completed by deadline. Previously the Trust has had one showing since March 2022.

2.1.4 **Infection Prevention & Control (page 10-13):** Reporting IOR has been redesigned to now capture a more comprehensive set of metrics, and ensure data being presented is set against the IPC trajectories set by NHSE. Headlines from the slides: The trust has had zero incidence of Healthcare Associated MRSA BSI in the preceding 12 months and four community healthcare associated MRSA BSI in December 2022. 21 Healthcare associated CDI cases since April 2022 (against the CDI threshold for 2022/23 of 32), 4 in December (2 hospital and 2 community). The Trust has reported 3 Healthcare Associated and 4 Community Associated MSSA BSI during December 2022. 8 Healthcare Associated E. coli during November December – 3 HOHA's and 5 COHA's. The Trust reported 0 P. aeruginosa BSI during December 2022, and 5 Klebsiella.ssp (1 community and 4 healthcare).

The Trust has seen an increase in community E.coli BSI, possibly associated with seasonal variation. There are now plans to have a regional hydration network meeting to discuss the rise in gram negative bacteraemia's which Gateshead will be a part of going forward.

2.2 Effective

2.2.1 **HMSR (page 14):** The HSMR has returned to deaths 'as expected' with a score of 105.4 against the national average figure of 100. The SHMI is also showing deaths are within the expected range with the latest figure of 0.91 below the national average of 1.00.

2.2.2 **Discharge (page 15)** Discharging patients remains problematic as average admissions continue to exceed discharge. Year to date data shows at the start of the day (on average) 128 patients don't meet the criteria to reside. We discharged on average 77 of these patients per day (60%), 52% of the discharges occurred before 5pm (circa 40 patients), 10% of these discharges occurred before 12 noon (4 of the 40 patients). 48% of the discharges occur after 5pm (circa 37 patients) and 40% of the remaining patients continue to occupy a hospital bed. The bed days lost since medical optimisation is on a upward trend.

In December average daily admissions stood at 94 per day (ranging between 47 - 145), and average discharges 90 per day (ranging between 42 – 134). Average bed occupancy levels stood at 96.6% (Nov 96.5%),
Pathways 1-3 accounted for 56% of the patients 69% bed day delays. The Trust performs well locally in discharges before 5pm. The Trust has embarked on a national improvement initiative to support flow and UEC.

2.2.3 **Long Length of Stay Patients (page 16)** - There is an expectation that the daily average number of patients staying 21+ days would not exceed 59. The ECIST existing target of 59 is subject to either pass or fail based on common cause variation. The average number of patients in hospital with 21+ days LOS is currently showing special cause variation (concern). An increase since June 2022 is observed, and the December 2022 position exceeds the upper control limit. The number of LLOS patients increased once again in December to 107.5 from 95.1 in November.

2.2.4 **Efficiency and Productivity – Length of Stay (page 17)** - National benchmarking data shows day case rates in highest performing quartile (82.7%) and conversion from day case

to inpatient also highest performing quartile (7.0%) nationally. Trust monthly data shows average length of stay of elective fluctuates each month, however latest months of November and December are lower than highs in August and September. Both the total LOS and non-elective LOS increased steadily in November and December to 4.9 and 5.05 respectively.

2.2.5 **Efficiency and Productivity – Theatres (page 18)** - Improving theatre productivity to drive elective activity plays a crucial role in reducing our patient waiting times and eradicating our backlogs. The Trust aims to maximise our running theatre sessions > =85% with appropriate volumes of cases per list. Utilisation rates in December stood at 81.8%; with latest Model Hospital benchmarking placing the Trust in the Top performing quartile, and top performing Trust at 88%. Maximising the use of the theatre suites is an area of improvement – performance has improved from a low of 53.1% in August to 60.7% in December, however that is lower than the 68.4% achieved in November.
National data also benchmarks well in relation to additional capacity (%) including 5% on the day cancellation rate which stands at 5%, and in the best performing quartile. National data also shows Uncapped theatre utilisation rate of 93% for touch time/planned which is higher than latest peer average (80%) and national average (79%). With Capped theatre utilisation rate of 88% for touchtime/planned again higher then latest peer average (75%) and national average (74%).

2.3 Responsive

2.3.1 **Urgent and Emergency Care (page 19 - 21)** – UEC continues to be under significant pressure. As a result of significant escalating pressures, the Trust moved to OPEL4 on the 27th December, where it remained until 12th January 2023.

Overall attendances increased sharply in December to 10,377 from 9575 in November, daily attendances averaged 73 per day more than December 2021 (representing an increase of 28.1%).

Paediatrics type 1 attendances noted a significant increase to 2030 in December accounting for 19.6% of all attendances (typically these attendances account for around 10.5% of all attendances on average. 2030 is an increase of 642 (46%) on November and 960 (89%) on October. This increase was attributed largely to ‘worried well’ children, in response to media coverage of Strep A, with parents struggling to get GP appointments so subsequently attending A&E.

Headline December performance data shows:

- 4-hour performance was 68.8% in December, an improvement on 71.1% in November
- At 68.8% this placed the Trust 25th (top performance quartile) out of 139 NHS Type 1 providers, which is an improvement on last month.
- **538 patients waited longer than 12 hours to be admitted in December, an increase from 172 in November**
- 12 hour waits in department from arrival to discharge increased to 1116 in December from 738 in November. This equates to 10.75% of all attendees, well in excess of the the 2% target and highest rate so far this year
- Ambulance delays reported in December: 93 between 30-60mins (down from 114 in November) but 250 delays >60 mins (up from 155 in November)
- However, even with increased Ambulance delay pressures the Trust was 3rd best performing Trust in NENC & NY for both 30-60 mins >60+ delays
- The trust received 26 Regional diverts, all from Durham, which is down from 34 in November. But we requested support with 55 diverts the highest so far this year (up from 18 in November)
- Average daily bed occupancy level was 96.6% in December, almost identical to November when the figure stood at 96.5%
- Overall time in the department remains high in December, (non-admitted 3 hours 12 minutes, admitted 11 hours 55 minutes)

2.3.2 **Pressures (page 22):** Even with the significant continued high levels of handover delays, in December the Trust remained was 3rd top performing Trust in the (ICS) region for 30-60m Ambulance hand-over times and 3rd for 60+ minute delays. Patients who no longer meet the criteria to reside remain problematic, averaging daily 56 in December, an increase from 52 in November. Daily peak of 69 on the 17th of December. Out of area patients continue to account for notable numbers of patients and blocked beds (majority pathway 1). Additional beds continue to be open over planned levels to accommodate patients who we are unable to discharge. The Trust has the highest bed occupancy levels in ICS (Dec 22) averaging 96.6% in December (ICS average 91.6%). Daily peak 99.4% 27th December. Bed occupancy consistent well above 92% threshold, using 7 day rolling average basis.

2.3.3 **Community Teams (page 23):** Continue to support secondary care services by keeping patients in their own home. Community teams, including children's services saw 45,802 contacts in December, averaging 1477 per day. The increase activity shown in October and November is linked to the seasonal vaccinations for Flu and COVID. This accounts for most of the data increase from September. The Rapid Response team responded to 121 two-hour crisis response referrals in November and achieved a validated compliance rate of 67.8% for patients seen within 2 hours, just below target. Indicative (currently being validated) performance for December is 128 referrals with a compliance rate of 53.1%. The requirement is to achieve this standard by Q3 2022.

2.3.4 **Elective activity and recovery (pages 24/25):** The expectation is to reach 104% of activity value of the 2019/20 plan. December (draft) combined **elective activity is at 90%** of 2019/20 baseline activity, which is below planned levels. Overnight elective activity reduced from 96% to 76% of baseline year. Day case treatments reduced from 109% to 105% in In December. Outpatient attendances were at 98% for new and 85% for follow-up attendances.

The Trust reported 23.85% of all outpatient attendances conducted remotely, which is slightly below the 25% expectation but improving. 2.16% of all outpatient recorded as Patient Initiated Follow-Up (PIFU), which is below planned levels of 3.6%.

Diagnostic activity levels were 121% in December and continue to be above planned for levels every month so far this year. Modalities achieving their activity target in December include CT (137%), Non-Obstetric ultrasound (114%), and Echo (112%).

2.3.5 **Diagnostics (page 26):** Performance was 80.8% in December, a reduction from 84.5% in November. Overall, Trust performance remains below 95% target, with December performance slightly below latest NENC average of 83.6% (Nov 22) but continues to exceed the latest national average of 73.1% (Nov 22). In December 7 out of 12 specialities achieved the 95% target, a reduction from 9 in November. Numbers waiting for a diagnostic test reduced from 5399 in November to 4855 in December, however the number of patients waiting >6 weeks increased from 837 in November to 931 in December.

Echocardiography and Audiology continue to contribute to risk in achieving this standard. Audiology performance falling to 42.2% from 52.0%, with the overall number of waiters reducing from 712 to 674, however 6 weeks + waiters increasing from 342 to 389. Audiology improvement trajectory plans for standards to be achieved in Summer 2023. Echo also noted fall in overall performance from 52.2% to 42.5%. While the overall number of waiters once again reduced in month from 967 to 826, those waiting 6 weeks or more increased slightly from 463 to 475. Echocardiography recovery plan aims to recover the long waiters by February 2023, to date September and October target has been achieved, however November and December was below target.

2.3.6 **RTT and Health Inequalities data (page 27-28):** Continued focus on increasing capacity to reduce patient backlogs and waiting times. Patients waiting at the end of December stood at 12,593 down from 12,715 at the end of November. However, the number of patients waiting >52 weeks increased from 95 at the end of November to 99 end of December. Pressured areas continue in T&O, Paediatrics, and general surgery, with pressures in Paediatrics and children awaiting an autism assessment the most significant cohort of our longer waiters. 2

patients were waiting over 78 weeks end of December, both of whom are expected to receive treatment in January. Weekly monitoring of the 78-week cohort is now in place as per requirements of *Elective actions for the 78 week cohort letter* received at the start of January.

68.6% of our patients were waiting less than 18 weeks at the end of December, down from 72.1% at the end of November. However at 68.6% the Trusts performance continues to exceed the latest national average 60.1% (Nov 22), but is slightly below ICB average of 71.2% (Nov 22).

Health Inequalities - Reporting of health inequalities data continues to be developed, latest position at the end of December shows 61% waiters are female and 39% male. 41% of waiters are aged 60 and over, with the largest individual age group 61-70 (18.5% of the waiting list). 17% of waiters live in the most deprived areas, while only 3% in the least deprived. 73% of waiters are registered as White British (23% are unknown/not stated). Length of waits differ slightly by ethnicity, with around 67% of waiters registered as White British waiting under 18 weeks compared to 71% for other ethnicities combined. 66.7% of waiters registered as White British are P3, this compares to 74.3% of for other ethnicities combined. However, 23.9% of waiters registered as White British are P4, this compared to 18.5% of for other ethnicities combined. DNA rates have increased since the start of the pandemic. Patients from the most deprived areas have the highest DNA rates (11% latest data), with rates reducing as deprivation rank increases

2.3.7 **Cancer (pages 29 – 32)** Continued focus on clinical prioritisation and increasing capacity to reduce patient backlogs and waiting times.

2 week waits - Indicative performance for December 83.1%, a 3.5 percentage point from 86.6% in November. 83.1% remains below the 93% target. 83.1% continues to exceed the latest national average 78.8% (Nov 22) and NENC average 80.3% (November 22). Using final data for November, Breast and Testicular tumour sites exceeding the 93% target since June, Urology since September. Indicative figures for December suggest all sites failed to achieve 93% threshold, but expectation final figures will change. Consistent pressure in all months for Gynae, Lower GI, Lung and Upper GI. Activity volumes for most tumour sites in November/December higher than 19/20 levels, with the exception of lower GI.

Faster diagnostic standard – Trust has achieved 75% target all months since June 22
Indicative performance for December is 81.3%, a 2.7 percentage point increase from 78.6% in November. 81.3% continues to exceed the latest national average 69.7% (Nov 22) and NENC average 77.0% (Nov 22). October 22 was the first month the ICB achieved the 75% target as an area total, this has continued in November. This measure will replace the 2 Week wait in future.

The trust is performing well in **the 31day standard** and has exceeded the 31 day standard every month this year. Trust's Cancer performance for December is 96.4% (indicative) against the 31 Day standard, with the Drug and Surgery subsequent treatment just below standard. 96.4% continues to exceed the latest national average 91.6% (Nov 22) and NENC average 90.7% (Nov 22).

62-day cancer treatment – Performance reduced to 61.1% in December (indicative), from 67.1% in November. Final performance November continues to exceed the latest national average 61.0% (Nov 22) and NENC average 61.0%% (Nov 22). December indicative performance in line with these averages.

The Trust reported 59 patients waiting over 62 days on a 2ww classic pathway (7.7% of the total waiters on a 62-day 2ww classic pathway) an increase from 43 in November. The number of long waits (>104 days) on a 62-day (2ww) pathway at the end of December had increased to 11 patients (1.4% of total waiters on a 62-day 2ww classic pathway).

2.3.8 **Verbal Duty of Candour (page 33):** Duty of Candour compliance still demonstrating concern for Jun-December. December compliance was 68%, from 76% in November and 88% in October, below the 100% compliance required. Verbal DoC is now to be recorded from the

date of the incident being agreed as a notifiable patient safety incident. For December 2022 - there are six incidents that currently show that verbal DoC needs to be enacted, however, one of these is a safeguarding concern (not a patient safety incident). One of these was discussed at Safety Triangulation Group on 9th January, so the verbal DoC will not be overdue until after 20th January 2023. And four are overdue. These have been followed up by the Legal Team.
There are 8 outstanding Notification letters from incidents in December 2022; one incident was only confirmed at STG on 9th January 2023 and so is still in time. The Legal Team have followed up on these outliers.

2.4 Well Led

2.4.1 Workforce (pages 34 – 37)

Sickness (page 34) - Absence rates increased between November and December 2022. This is reflective of the usual trend heading into the winter period. Following a collective leadership and engagement piece of work we have now commenced a focused piece of work in respect of Short-Term Absence from 1st November 2022 through to 31st January 2023. The outcome of such will be reviewed in February 2023. Due to the focused piece of work case numbers identified are of high volume, work is ongoing within POD Advisory to shape this direction and work through the cases. The high volume is higher than anticipated. Monthly sickness absence reporting continues and is shared with the Business Units. POD are continuing to support managers to engage with the refocused collective leadership approach. The Trust begins to move to monthly LTS clinics in January 2023 within the Business Units and work with our stakeholders and intelligence to align appropriate absence management targets for our LTS Cases. Professional Absence Management training continues to be provided by Capsticks. A new suite of dates is to be published for January up to end of March 2023. The Trust has commissioned a separately designed bespoke training session which will be delivered mid to end of February 2023. These sessions are specifically for Matrons and SLMs within the BU's and will be held on site at QEH. The Trust SMT are cited on all of the actions around Promoting and Supporting Attendance and a paper for consideration to mandate absence management training is going to SMT at the end of December. Mandating the training was not agreed however a commitment from our SMT was given to support the release of managers to attend the training.

Core Training (page 35) - A further overall increase in compliance with a whole group compliance figure of 82.5% against an 85% target. QEF currently have a compliance level of 72.8% against the 85% target, which is a further almost 3% increase on the last metrics report. Managers are aware that significant work is required to improve that position, however this is a positive improvement since the last report. There is a plan in place for additional space for QEF staff to increase compliance. The Trust has increased to 84.1% and work will continue with business units to increase compliance and provide support around ESR. The topics that remain under compliance targets and provide a level of risk are-Moving and handling level 2, Level 2 and 3 PMVA, Safeguarding level 3 topics and Information Governance. PMVA training will remain a risk until further staff have completed the training. Dates have now been made available and staff are booking on to attend so there is an expectation of sustained increases in compliance with this topic.

Appraisals (page 36) - The target of 85% is consistently not being achieved. The data shows that there has been an increase to 69.6% for the Group, which is a 1.5 % increase since last reported. There has been a sustained improvement since May 2022 prior to the slight decrease last month. Both QEF and the trust have seen an increase in this last reporting period which is positive. Operational pressures continue to be a challenge and we are supporting areas as much as possible. There remain a number of areas of concern, with varying numbers of staff requiring an appraisal. Currently all business units are red or amber, with none green in terms of compliance, with the lowest areas of compliance being Nursing and Midwifery, Medicine SLM 3 and Surgery SLM 1 and 2, however the numbers vary for completions. The People and OD (POD) Leads are working with each business unit, directorates and teams to identify actions required to reach the required compliance levels.

Additional training is being provided in areas as requested, for new appraisers and refresher training to ensure people are comfortable with the current process. The quarterly oversight reviews are making sure that appraisal compliance remains high on the agenda, and our colleagues in POD are supporting in any way possible. The teams in POD have supported with inputting appraisals in areas requesting support to ensure we have the most accurate data possible. The matrix teams are working with the business units to ensure all appraisals are booked in. The renewed policy has been ratified, with the new appraisal form released. A simple ESR logging process will be introduced alongside this to ensure we have the most up to date information possible within the system. Additional training re appraisal has been offered and delivered to multiple business units, simple how to guides have been developed and will be rolled out again.

SIP, Vacancies, Agency Spend (page 37) - FTE has continued to increase however Trust vacancy rates have increased due to an increase in budget for winter. Supply continues to be our core priority and we continue to both actively recruit whilst also focus on a range of retention initiatives. Domestic and international recruitment have been identified as a workstream within The Nursing Workforce Group. Medical Workforce vacancies are to be discussed/actions identified at the monthly Medical Workforce Group. 4 cohorts of international nurse recruits have arrived at the trust and a further bid has been submitted to NHSE/i to bring additional numbers in early 2023. Registered Nurse Bank use increased in December, HCSW use of bank reduced, and Medical Bank use remained static. The agency spend continues on a downward trajectory; however, we saw an increase in spend for our medical workforce. Fill rates continue with a downward trend. The re-instating of all agency controls began 5th December 22, requiring Operational director sign off for agency use. This is predicted to reduce off-framework agency use and overall reduce nursing agency spend. An incentive for Registered Nursing staff working additional bank duties was introduced 1st November, which has demonstrated an increased fill rate for bank shifts and is predicted to contribute to a reduction in nursing agency use.

2.5 Benchmarking

2.5.1 The table below has been adapted from previous reports to give an indication of trend in the benchmarking position the Trust is achieving. The table below provides the position and indication of trajectory based on the data in the last 5 IOR reports, including this month:

2.5.2 The table shows the Trust remains in a relatively strong position against available benchmarking data. In 3 of the 5 metrics, we have either improved, or there is no change (in both metrics the Trust is ranking in the top position). The table continues to show a worsened picture in relation to our benchmarked position for A&E 4-hour target (reflecting the pressures being observed in A&E) however overall position in December was in the top performing quartile nationally, and 52-week waiters. Note: for 62-day cancer backlog the methodology has changed nationally – now backlogs <150 are excluded from rankings for the top 20, meaning GHFT cannot enter the top 20. The ‘Top 20’ trust rankings are adjusted with several trusts excluded – those ranked in the table this are not adjusted and represents our position nationally for all Trusts.

	GHFT Benchmarking Figure									GHFT Benchmarking Position										
	May IOR	June IOR	July IOR	Aug IOR	Sep IOR	Oct IOR	NOV IOR	Dec IOR	Jan IOR	Rank out of:	Rank is better if:	May IOR	June IOR	July IOR	Aug IOR	Sep IOR	Oct IOR	Nov IOR	Dec IOR	Jan IOR	Trajectory (May to Jan)
A&E 4 hour waiting time target	75.3%	77.9%	77.1%	77.5%	74.5%	72.5%	69.3%	71.7%	68.8%	139 - All Type 1 NHS Providers	Lower	23	20	19	16	29	33	38	31	25	Worsened
Latest weekly PTL: patients waiting >104 weeks	0	0	0	0	0	0	0	0	0	8 Providers in ICS	Lower	1	1	1	1	1	1	1	1	1	No change (Best Rank)
Latest weekly PTL: patients waiting >52 weeks	50	60	73	75	58	91	89	95	99	8 Providers in ICS	Lower	2	2	3	3	2	3	3	3	3	Worsened
Latest weekly PTL: patients waiting >62 days for cancer treatment	63	65	57	68	64	63	57	43	59	8 Providers in ICS	Lower	1	1	1	1	1	1	1	1	1	No change (Best Rank)
62 day backlog as % of waiting list	8.7%	9.1%	9.3%	10.2%	8.3%	6.7%	7.9%	5.3%	7.7%	139 - top 20 under NHSE/I scrutiny	Higher	73	75	69	59	83	106	99	113	106	Improved

3. Recommendations

3.1 The Committee are recommended to note the content of this report, in summary:

I. Recognise the exceptional winter pressures including battling with rising covid and flu A levels in the hospital, strike action, and redeploying staff into areas of greatest risk, NEAS declaring a critical incidents during the holiday period, and pressures to cover the winter holidays have provided many multi-factorial tests and challenges in December.

II. Discharging patients and pressures across the Trust continue to impact on the Trust's ability to maintain patient flow. Beds blocked due to patients no longer meeting the criteria to reside coupled with high volume of ambulance conveyances from patients living out of the areas has again resulted in delayed discharges and more beds open against planned levels which will ultimately impact on Trust expenditure.

III. Workforce supply continues to be our workforce priority, the Trust continues to actively recruit whilst focusing on a range of retention initiatives. The Trust has been successful in establishing four cohorts of international recruits. Latest December data indicates that the Trust has recently recruited to 160 posts in the last 3 months, which currently leaves us with a working deficit of 301 vacant posts against budget. Greater focus on effective rostering systems to safely manage and reduce agency spend whilst implementing NHSE controls to support the process is a key priority.

IV. Activity levels have been affected by the points above; despite the pressures the Trust still manged to achieve 105% daycase activity compared to 2019/20 levels and 76% of elective overnight stays, and still benchmark positively in the elective care metrics.

Gateshead Health NHS Foundation Trust

Integrated Oversight Report

January 2023 Committees

Data: November / December 2022

Contents	Pages
CQC rating	**3**
Summary exception indicators KLOE	**4 - 5**
Safe	
Serious Incidents reported to StEIS	**7**
Medication errors per 1000 FCEs	**8**
Patient Safety Alerts not completed by deadline	**9**
Infection Prevention & Control	**10 - 13**
Effective	
Hospital Standardised Mortality Ratio and Summary Hospital Level Mortality Indicator	**14**
Discharge & Delays	**15**
Long Length of stay patients	**16**
Efficiency and Productivity - Length of Stay (Surgery) / Theatre Productivity	**17 -18**
Responsive	
Urgent & Emergency Care	**19 - 21**
Pressures	**22**
Community Teams	**23**
Elective Recovery	**24**
Diagnostics	**25 - 26**
Health Inequalities Data: RTT Waiters and DNA (December 2022)	**27**
RTT	**28**
Cancer	**29 - 32**
Duty of Candour Verbal Compliance	**33**
Well Led	
Workforce	**34 - 37**

NHS Gateshead Health NHS Foundation Trust

CQC Rating

NHS
Gateshead Health
NHS Foundation Trust

Overall rating for this trust	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Good
Are resources used productively?	Requires improvement

KLOE Summary: Indicators triggering concern or displaying Special Cause Variation

Gateshead Health NHS Foundation Trust

Indicators triggering variation or failing targets are summarised below – with spotlights referenced within the report.
All indicators are now detailed in the appendices of this report.

Safety
1 of 8 applicable indicators triggering SPC/underachieving against targets

Responsive
21 of 41 applicable indicators triggering SPC/underachieving against targets

Effective
2 of 6 applicable indicators triggering SPC/underachieving against targets

Well Led
9 of 13 applicable indicators triggering SPC/underachieving against targets

Caring
0 of 1 applicable indicators triggering SPC/underachieving against targets

KLOE Summary

Gateshead Health NHS Foundation Trust

Safe

- Total number of Trust **reportable SI's: 6** are reported in month, open and under investigation.
- There are now no **open patient safety alert** not completed within deadlines
- **No Never Events** in the passed 18 months.
- **Medication errors per 1000 FCEs** recently returned to common cause variation.

Effective

- The Trust **Hospital Standardised Mortality Ratio** (HSMR) and Summary Hospital Level Indicator (SHMI) shows deaths within the expected range.
- **The Long Length of stay greater than 21 days indicator** has triggered special cause variation. There was a deterioration in the average number of Long stay patients (LOS 21+) from 95.1 in November to 107.5 in December.

Caring

- There are **no caring indicators triggering concern**.

Well Led

- **Core training performance** increased to 82.5 % triggering special cause variation improvement, however the target is consistently not achieved.
- **Appraisals** increased to 69.6 triggering special cause variation improvement, however the target is consistently not achieved
- **Sickness Absence** rates increased to 6.6%, common cause variation and above the 18 month average

Responsive

- **UEC:** December 2022 Performance against the 4 hour standard is 68.81%. Overall activity remains (6.57%) below pre-covid levels. Footfall through UEC increased to 10,377 in December from 9,575 attendances in November. December activity is on average 71 attendances per day more than last year (28.1% increase). The latest national benchmarking data places the Trust at 25th of 139 Type 1 providers. The Trust reported 93 30-60 minute and 250 over 60 minute ambulance delays in December. The Trust also reported 538, 12 hour waits from decision to admit to leaving ED and 1116 (10.75%) 12 hour waits in the ED (from registration to left department).
- **RTT:** November 22 Performance against the 18 week standard is 72.1% with an decrease of patients on the RTT waiting list from 12,837 to 12,715 and an increase to 95 patients waiting over 52 weeks, two of which were waiting for more than 78 weeks. December performance has declined to 68.6% against the 18 week standard, a reduction of patients on the waiting list to 12,1593 and further increase to 99 52 week waiters, two of which remain waiting for over 78 weeks.
- **Cancer: 2ww Cancer:** referrals remain higher than pre-pandemic levels which creates challenge in achieving the 2 Week Wait Standard. The indicative Trust position against the target in December is 83.02%, below the 93% standard. In December 959 Two week wait referrals were received which shows a decrease of 11.2% in comparison to the same period last year and an increase of 24.9% on the same period in 2019.
- **Cancer: 62 day treatments** The Trusts indicative position against the 62 day standard showed a slight improvement in performance in November reporting performance at 66.46% with no tumour site meeting the performance standard of 85%.
- **Diagnostics:** 6-week performance 80.8% in December, reduction from 84.5% in November. Numbers waiting for a diagnostic test reduced from 5399 in November to 4855 in December, however the number of patients waiting >6 weeks increased from 837 in November to 931 in December. Pressures remain in Audiology and echocardiology, both tests seeing reduced overall waiters, but increased 6 week + waiters.
- **Duty of Candour:** Verbal Duty of Candour compliance is displaying special cause variation for concern for December 2022. Verbal DoC is now to be recorded from the date of the incident being agreed as a notifiable patient safety incident. The DoC allocation responsibility within the DATIX system often sits with Matrons and SLM's and not the attending clinicians or those involved with the incident. There are some identified themes in relation to the overdue notifications which are being addressed.

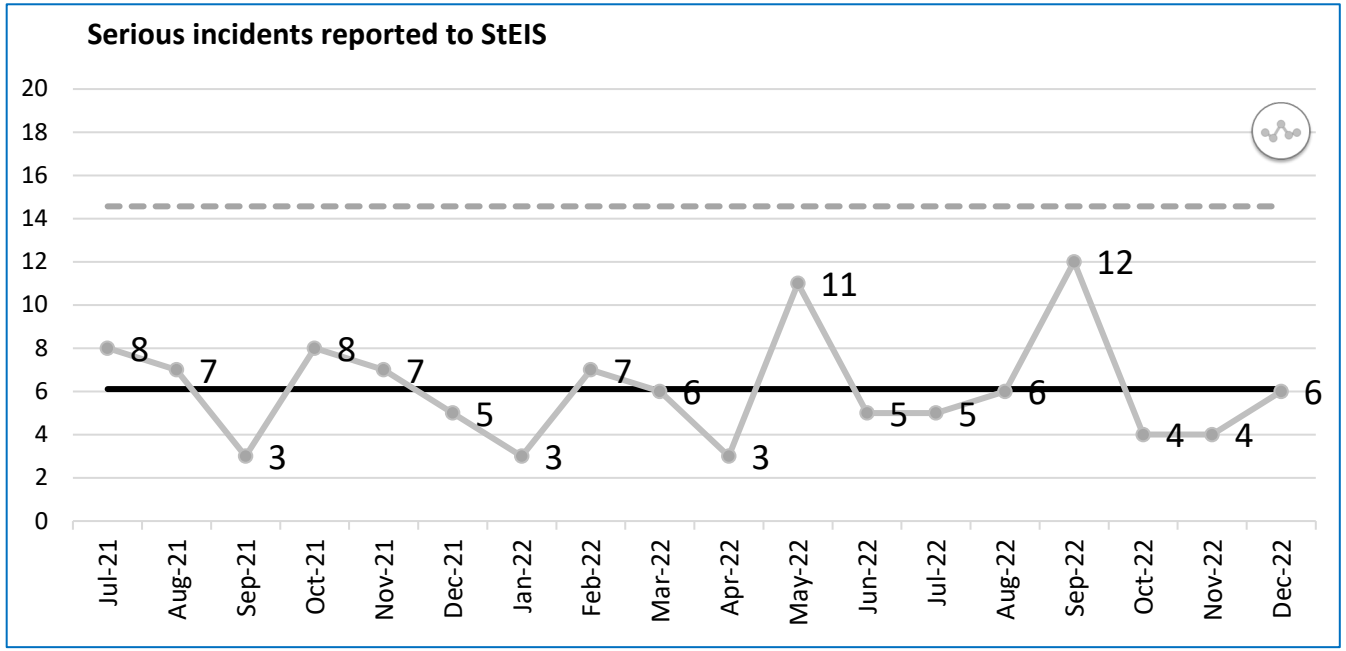
NHS
Gateshead Health
NHS Foundation Trust

The following section includes detailed reports for a range of key measures, reported for each domain. These metrics might include indicators triggering concern or displaying Special Cause Variation and spotlights requested specifically by Committee or Board.

Serious Incidents reported to StEIS

Safe

Gateshead Health NHS Foundation Trust



Aim: to ensure SI's are identified, reported and investigated appropriately. Identifying and sharing learning to prevent future occurrence.

Operational Definition: Serious Incidents and never events as defined NHS Improvement's Never Events Policy and framework (Jan 2018) reported on to STEIS.

Health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. Serious Incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse.

Consequence: of Failure: Patient safety, quality, Trust reputation, scrutiny from regulators.

There were 6 SI's declared in December 2022 – themes are listed below:

Severe / Major Harm

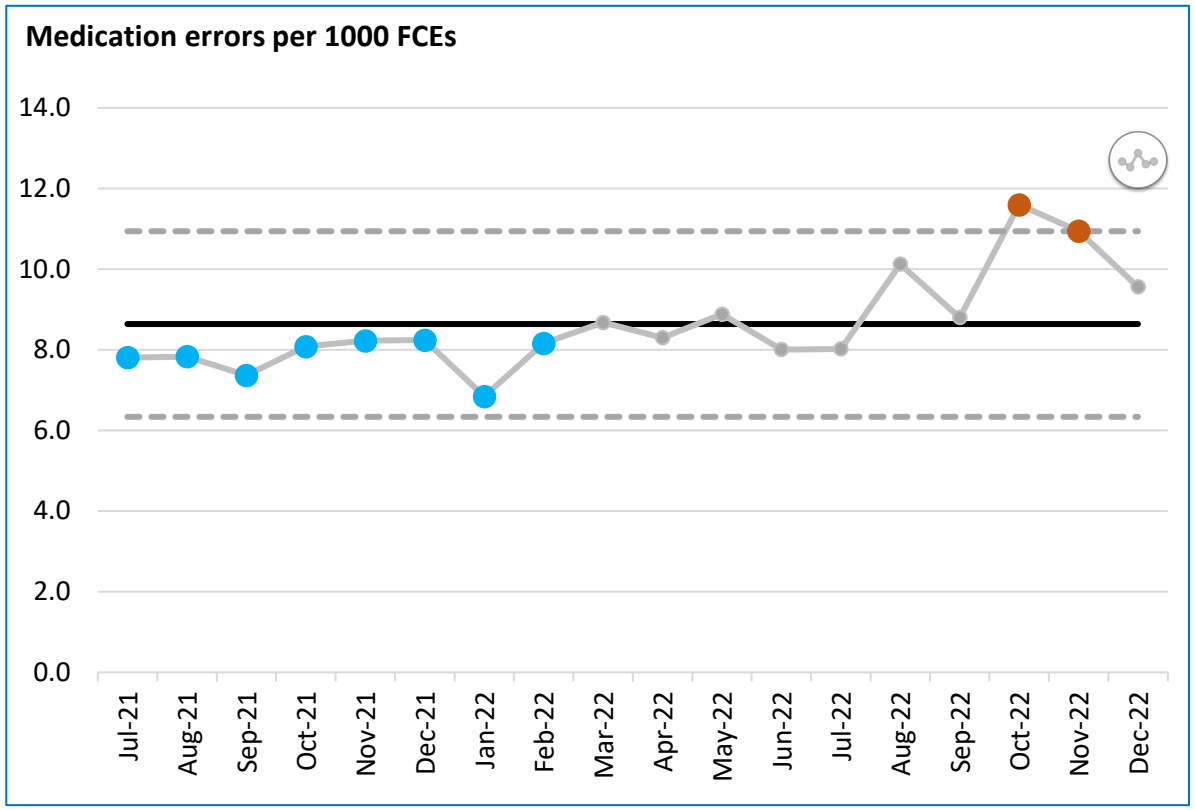
- 2 x Fall on same level - cause unknown
- 1 x Fall on same level - due to incontinence
- 1 x Diagnosis - delay / failure
- 1 x Monitoring - delay in obtaining clinical assistance
- 1 x Stillbirth >500g

Medication errors per 1000 FCEs

Detail on this measure is included because return to common cause variation from special cause variation identified in last months report .

Safe

NHS Gateshead Health NHS Foundation Trust



Situation

- Common cause variation in December 2022 with 9.6 medication errors per 1000 finished consultant episodes (FCEs.)

Background

- Medication error rates are monitored each month as part of a set of safety metrics. There is currently no national benchmarking of this metric. This is monitored based on comparison of the Trust incident trends.

Assessment

- Medication errors returned to common cause variation in December 2022
- A total of 87 medication errors were observed in November 2022.
- 80 No harm, 7 low harm.
- This represents a sustained level of increased reporting with low numbers leading to harm. Indicating a positive safety culture for the reporting of medication related incidents.

Actions

- Medication incidents are analysed quarterly by the Trust Medicines Safety Officer for presentation and action at Medicines Governance Group.

Recommendations

- The Trust continues to support the reporting of all medication incidents and near miss events so that opportunities for learning can be identified and shared.
- Increased incident reporting presents a resource challenge in ensuring timely investigation and action, this has been shared with the patient safety team for awareness and individualised support offered to areas where incident reporting levels have increased or are maintained.

Report by exception: Patient Safety Alerts not completed by deadline

Safe

Gateshead Health NHS Foundation Trust

Detail on this measure is included as there are patient safety alerts currently open which were not completed by the deadline in the last 18 months

Background

The Central Alerting system produces a range of alerts, and the Trust receives these via a central email address for review, appropriate circulation and action.

The information being pulled for the IOR is incomplete- as its drawn from the national system and appears to only show National Patient Safety Alerts, and even these are not congruent with information held within the Trust.

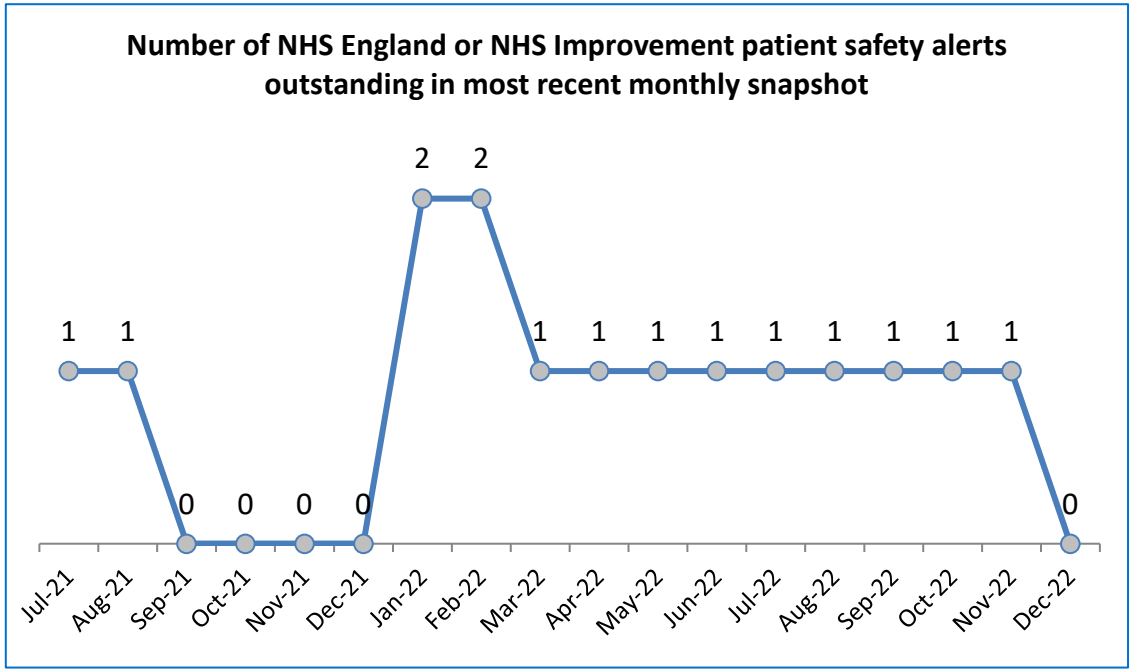
The organisation received a range of other alerts via the system that are not represented here, but are detailed monthly in the paper presented to Safecare council.

It is suggested that work is undertaken to determine whether the IOR requires work to enable data to be drawn from a source that is congruent with internally held data, as manual transcription is lengthy and would not be able to be contained in a single slide

NB it should be noted that the information above is derived from a national data base and is not congruent with the information held in Ulysses at a Trust level**

Recommendation

- Work is undertaken to enable data to be drawn from a source that is congruent with internally held data



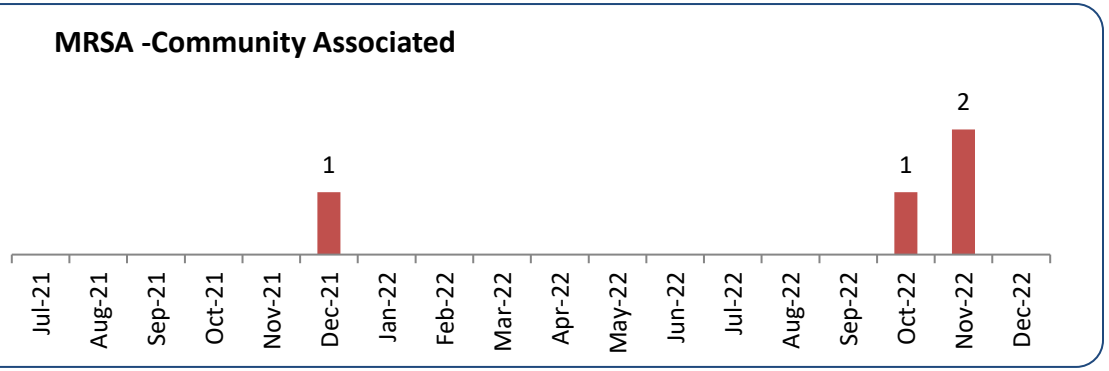
Source: https://www.cas.mhra.gov.uk/Help/AlertComplianceData.aspx

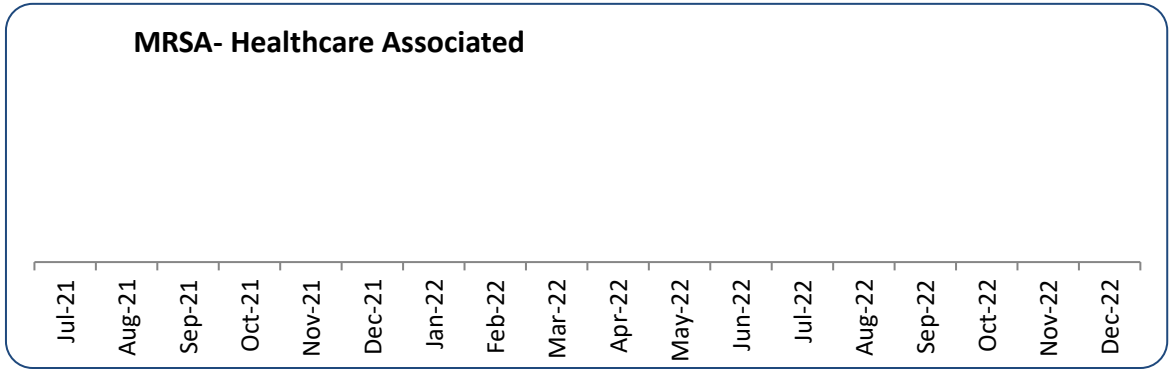
Infection Prevention & Control – Healthcare Associated Infections - MRSA & nosocomial COVID-19

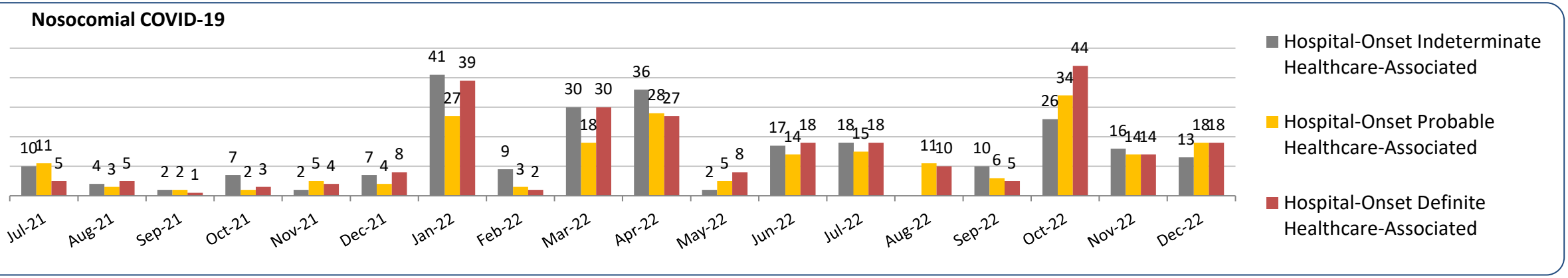
Safe

Gateshead Health NHS Foundation Trust

The Trust adopts the national aspiration of a zero MRSA blood stream infections (BSI).
The trust has had zero incidence of Healthcare Associated MRSA BSI in the preceding 12 months and four community healthcare associated MRSA BSI in December 2022.







Nosocomial COVID 19 cases
All Healthcare associated COVID cases are reported and investigated through the DATIX system.
The incidence of nosocomial cases in November have fallen in line with local prevalence. Learning from previous outbreaks advised to minimise onward transmission.

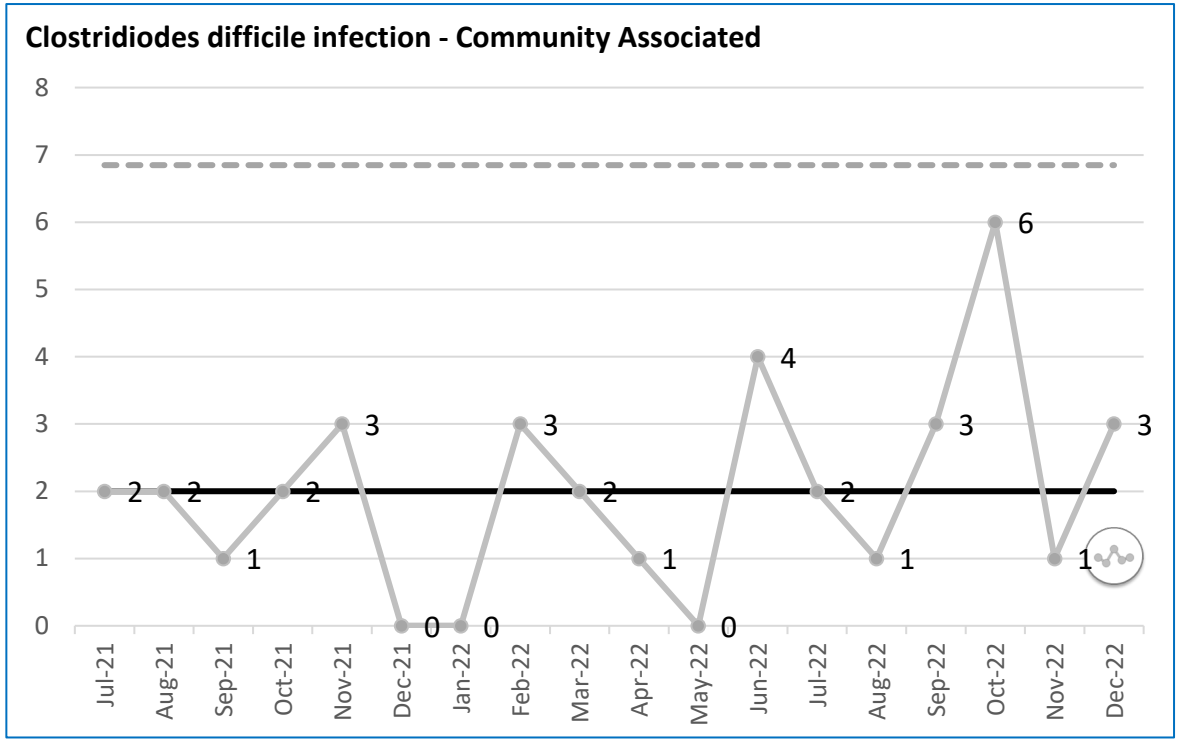
Infection Prevention & Control – Healthcare Associated Infections - Clostridiodes Difficile Infection

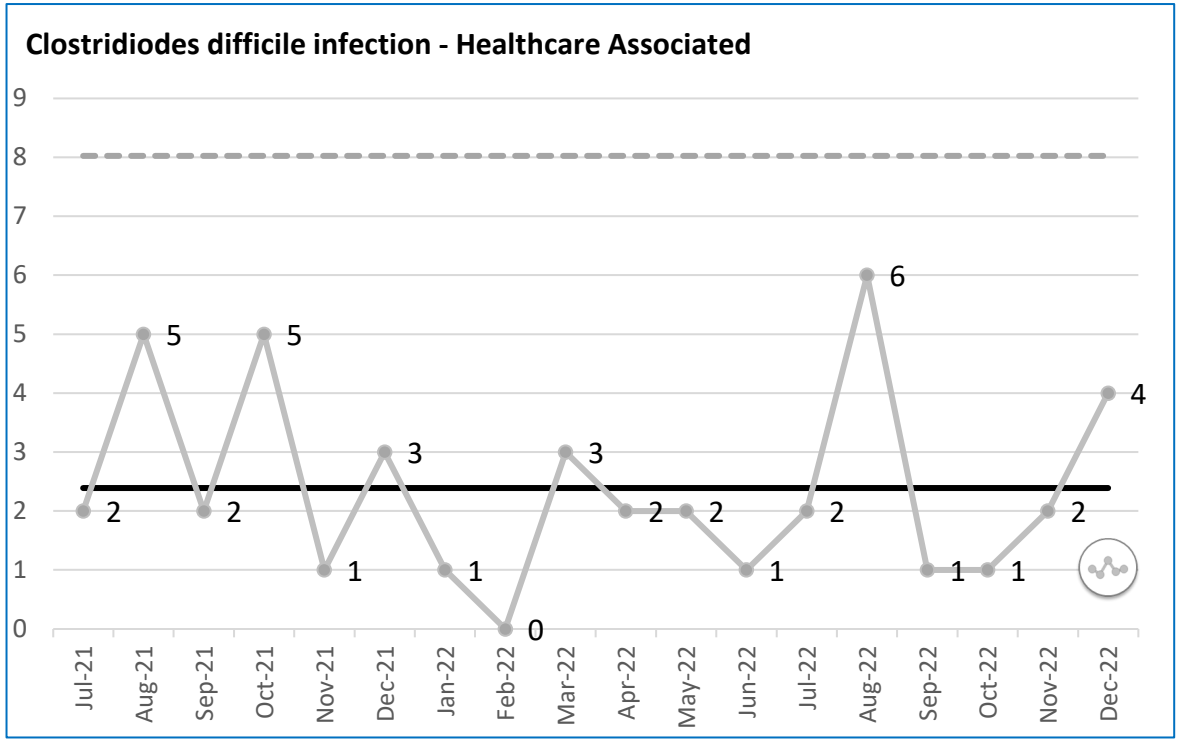
Safe

Gateshead Health NHS Foundation Trust

The Trust has reported 22 Healthcare associated CDI cases since April 2022 against the CDI threshold for 2022/23 of 32.

In December 2022, the Trust had:
- 3 Community Associated CDI's and
- 4 Healthcare associated CDI's (2 Hospital Onset (HOHA) and 2 Community Onset (COHA))



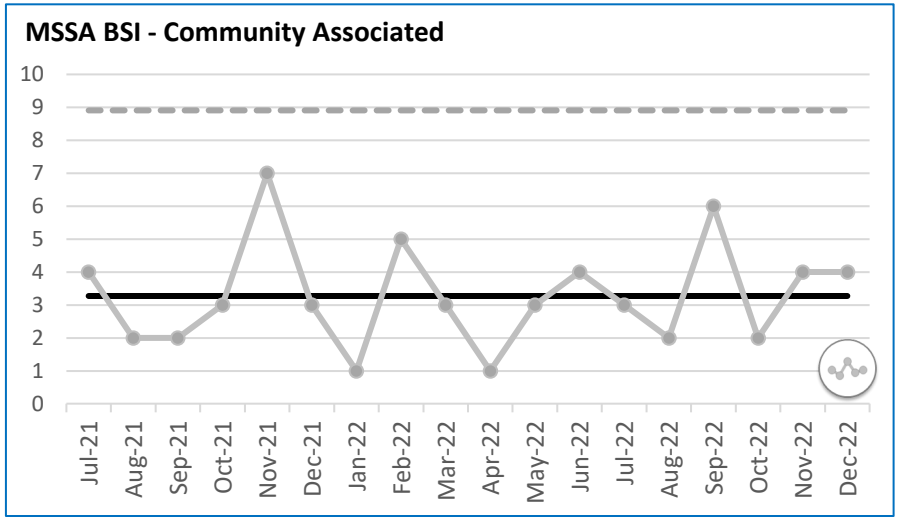


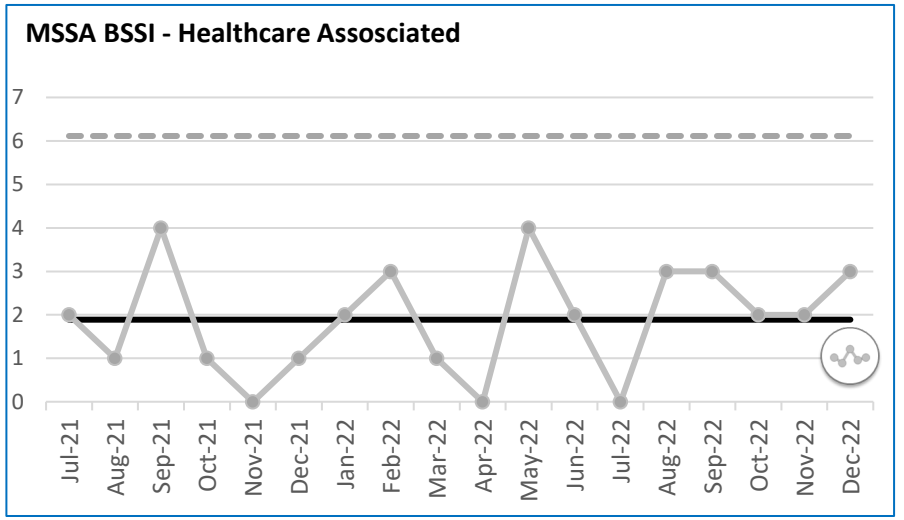
Infection Prevention & Control – Healthcare Associated Infections - MSSA & E Coli

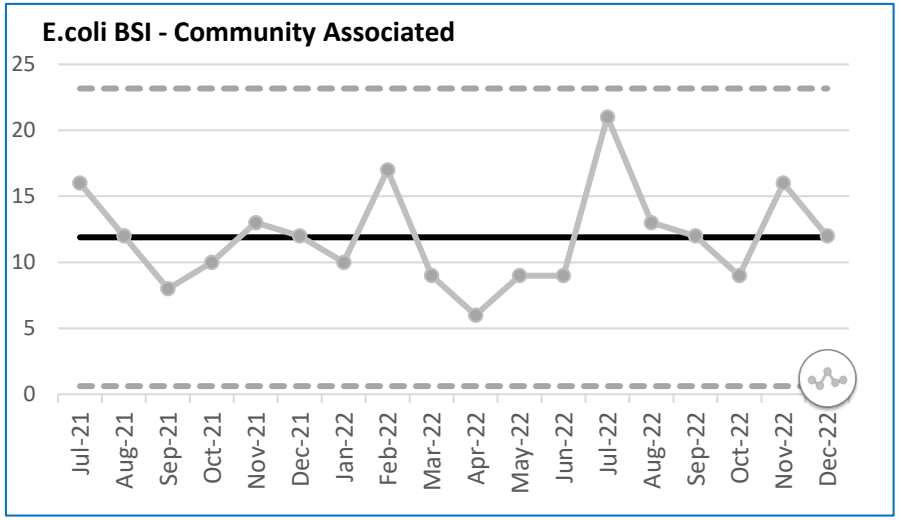
Safe

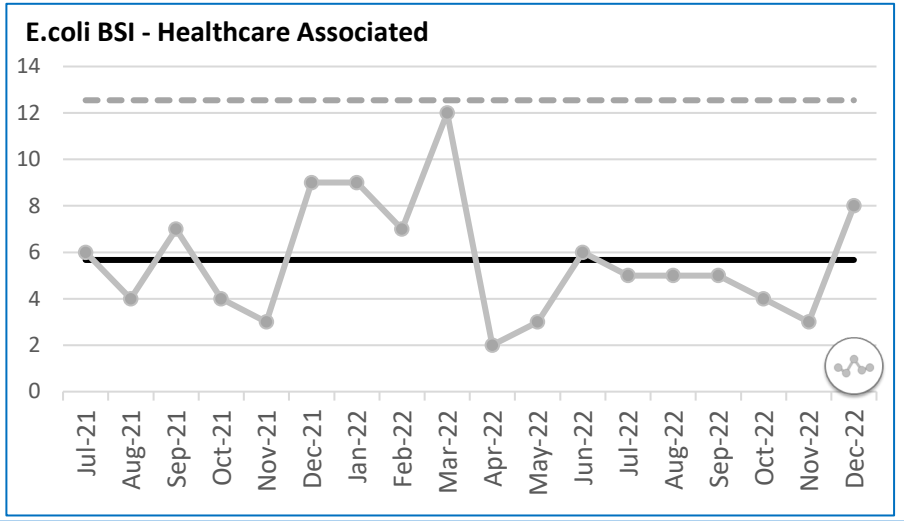
Gateshead Health NHS Foundation Trust

- All Healthcare associated BSI are reviewed and actions are initiated if necessary.
- NHS England has not set an Healthcare Associated MSSA BSI threshold for 2022/23
- The Trust has reported 3 Healthcare Associated and 4 Community Associated MSSA BSI during December 2022
- NHS England has set the Trust a threshold of 68 Healthcare Associated *E. coli* BSI for 2022/23
- The Trust has reported 8 Healthcare Associated *E. coli* during December 2022 – 3 HOHA's and 5 COHA's. There has been 12 Community Associated *E. coli* .
- We have seen an increase in community *E.coli* BSI, possibly associated with seasonal variation.
- There are now plans to have a regional hydration network meeting to discuss the rise in gram negative bacteraemia's which Gateshead will be a part of going forward.





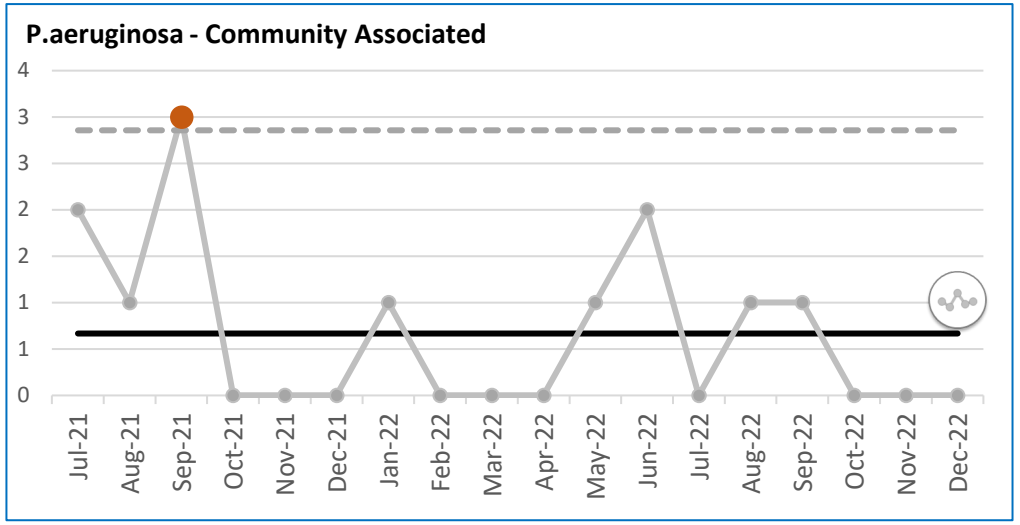


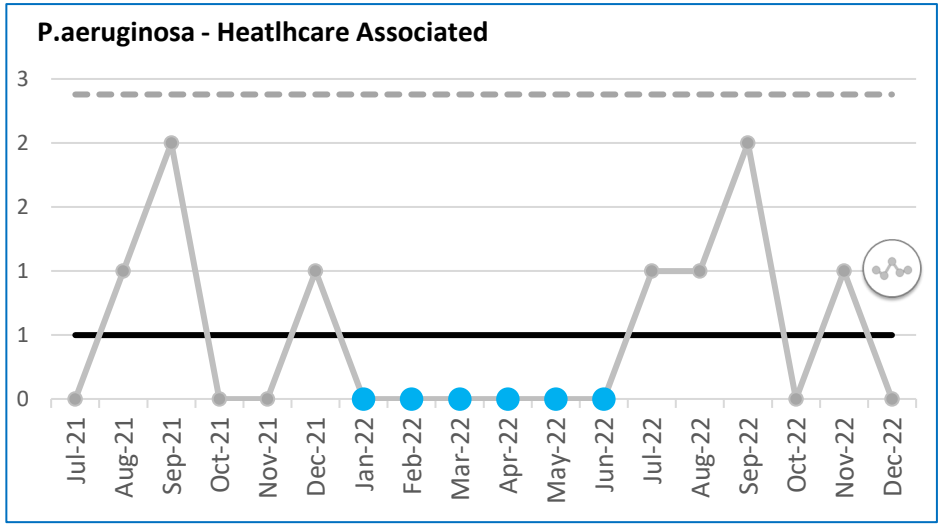


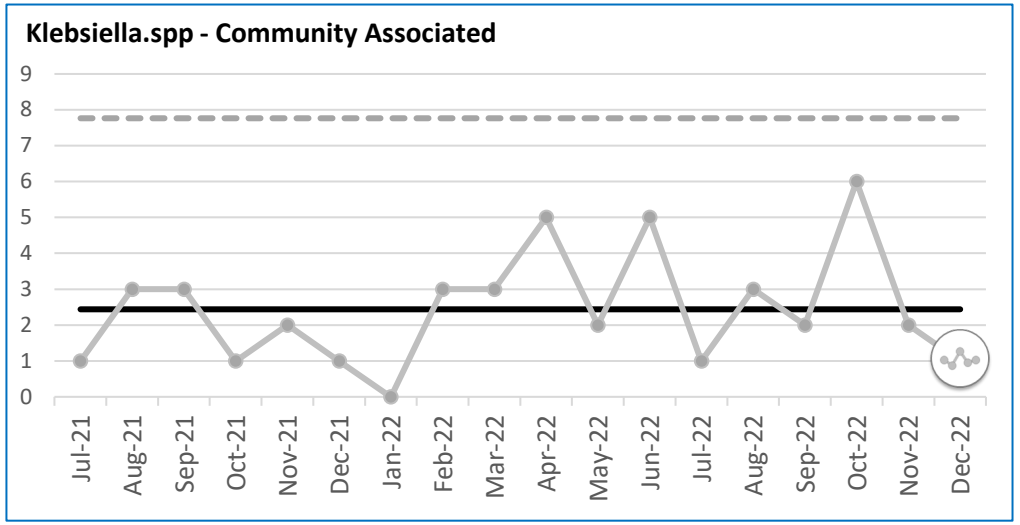
Infection Prevention & Control – Healthcare Associated Infections - P. aeruginosa & Klebsiella spp.

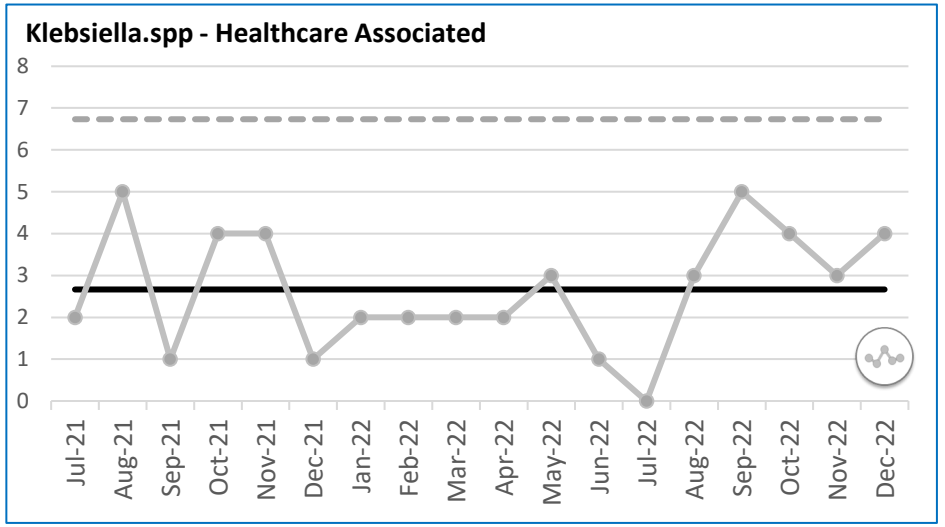
Safe

NHS Gateshead Health NHS Foundation Trust







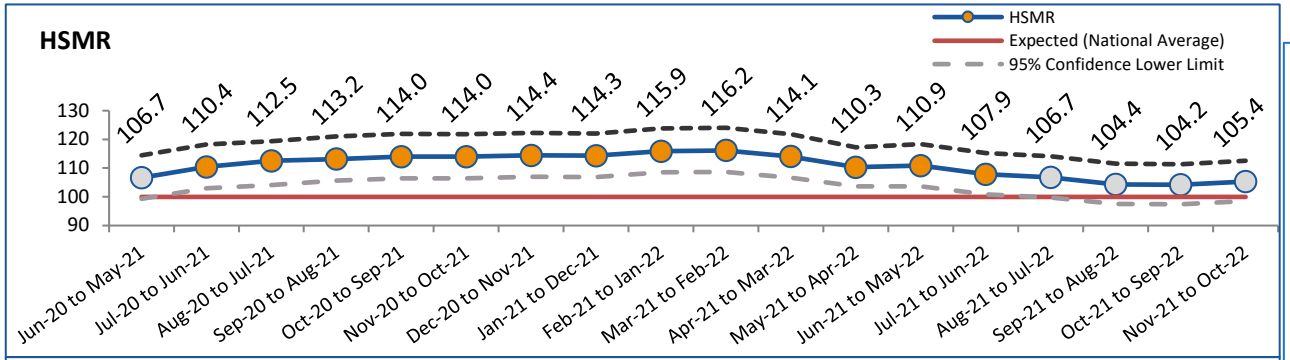


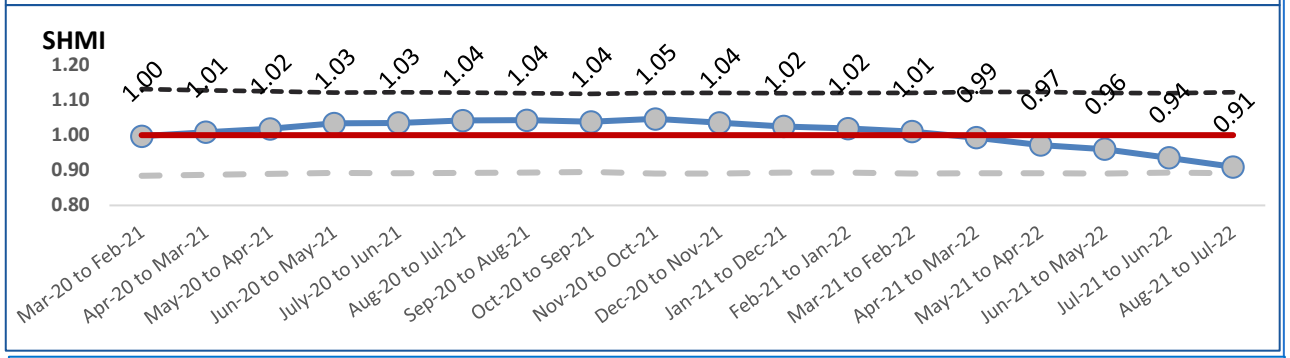
- All Healthcare associated BSI are reviewed and actions are initiated if necessary.
- NHS England has set the Trust a threshold of 8 Healthcare Associated P.aeruginosa BSI and 26 Healthcare Associated Klebsiella spp. BSI for 2022/23
- The Trust has reported zero P. aeruginosa BSI and 5 Klebsiella spp during December 2022.

Report by exception: Effective – Hospital Standardised Mortality Ratio and Summary Hospital-Level Mortality Indicator

Effective

Gateshead Health NHS Foundation Trust





Deaths 01/12/2021 to 30/11/2022

Deaths in period	Deaths reviewed by Medical Examiner	Learning Disability Deaths reviewed at Mortality Council	Severe Mental Illness deaths reviewed at Mortality Council
1150	1149	10	11
Denominators	1150	12	20
	99.9%	83.3%	55.0%

The scores below relate to reviews undertaken by either the Ward Based Team and /or Mortality Council. Mortality Council review score supercedes Ward Based Team review score where both have taken place.

Hogan 1 - Definitely Not Preventable	Hogan 2 - Slight Evidence of Preventability	Hogan 3 - Possibly Preventable (Less than 50:50)	Hogan 4 - Probably preventable (more than 50:50)	Hogan 5 - Strong Evidence Preventable	Hogan 6 - Definitely Preventable	Potentially avoidable deaths (Hogan 4 and above)
97.3%	2.3%	0.4%	0.0%	0.0%	0.0%	0.0%

NCEPOD Score 1 Good Practice	NCEPOD Score 2 Room for Improvement - Clinical Care	NCEPOD Score 3 Room for Improvement - Organisational Care	NCEPOD Score 4 Room for Improvement Clinical and Organisational	NCEPOD Score 5 Less Than Satisfactory	NCEPOD score 6 Insufficient data
87.6%	2.1%	7.5%	2.5%	0.2%	0.0%

Background - The HSMR and SHMI are measurement tools that consider observed hospital deaths (and deaths within 30 days of discharge for the SHMI) with the an expected number of deaths based on certain risk factors identified in the patient group. The HSMR is risk adjusted on palliative care coding whereas the SHMI is not.

Assessment .
The HSMR remains with deaths 'As Expected' with a score of 105.4 against the national average figure of 100. The SHMI is showing deaths are within the expected range with the latest figure of 0.91, below the national average of 1.00.

Mortality review data for the last 12 months demonstrates that 97.3% of deaths reviewed were 'Definitely not preventable' with 87.6% of cases reviewed identified as 'Good practice'

The Trust continues to trigger for patients with a congestive heart failure diagnosis on admission. Cases prior to the most recent trigger are to be reviewed by the Trusts mortality Council. A date will be arranged shortly specifically for the cases

.
Further learning disability and severe mental Illness cases have recently been reviewed at mortality council with the remaining cases to be prioritised for future meetings.

Cases scoring more than Hogan 1 are subject to a review at Mortality Council, the majority of these cases are also patient safety incidents and would go through the Trusts Serious Incident Panel. Since the inception of the Medical Examiner Service in September 2020, all deaths are reviewed and cases may be escalated for additional investigations i.e. Mortality Council, patient safety investigation.

Actions

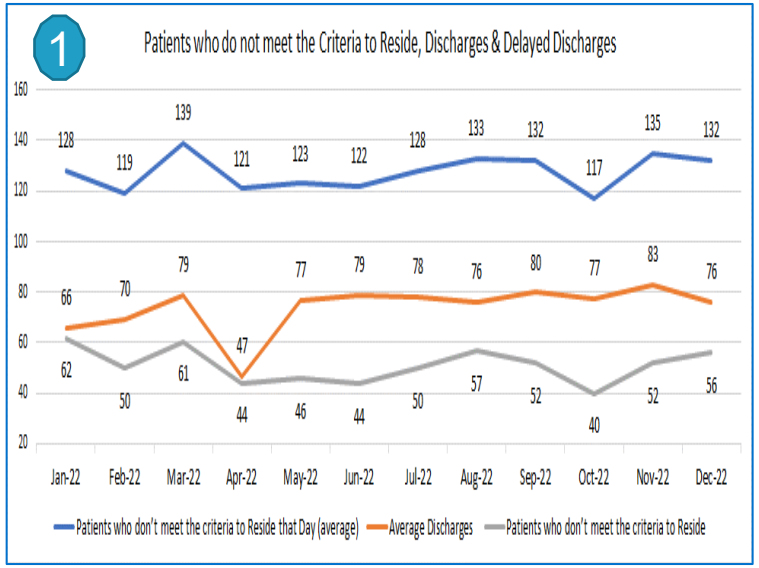
- The new mortality review process went live on the 10th October involving initial scrutiny and grading by the Medical Examiners Office and subsequent referral where appropriate. Reporting is being developed to monitor the outcomes from this process and support national reporting.
- Clinical coding data quality metrics continue to be reviewed.
- Learning from recent Heart Failure cases were 1) delays in discharges as a result of delays in obtaining social care packages, 2) recognition of patient dying, 3) reduced access to obtaining ECHOs and telemetry and appropriateness of placing patients in wards were there is limited access to monitoring 4) ECGs not documented within patient notes 5) Senior decision making and handover 6) Referrals to heart failure team – completed reviews undertaken and action plan developed
- Explore the use of HIE to ensure all comorbidities are captured more efficiently in the initial clerking document in order to be coded appropriately, lead for Great North Care Record, he is going to take it back to the HIE – completed full access to HIE is available
- Review the admission document to ensure all differential diagnoses can be added and coded appropriately. Completed September 2021

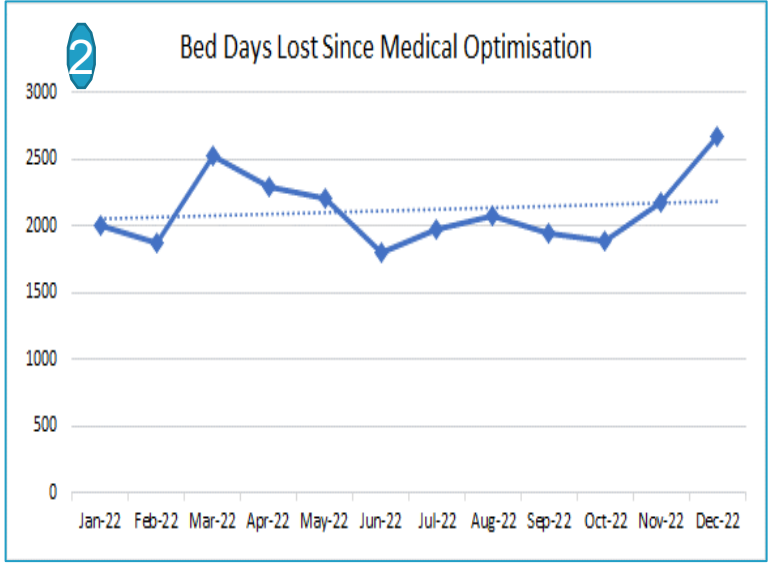
Recommendation - Continue to inform & note actions undertaken at Mortality and Morbidity steering group and Quality Governance Committee via the Integrated Oversight Report and Mortality Paper

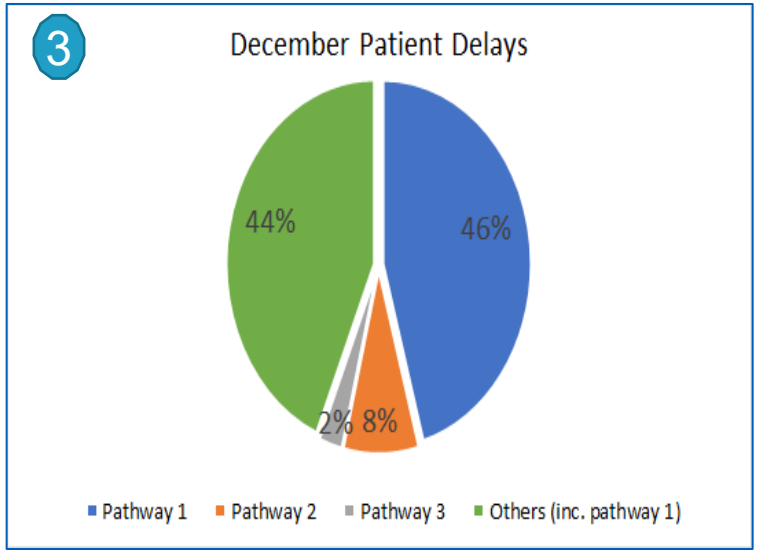
Discharge & Delays

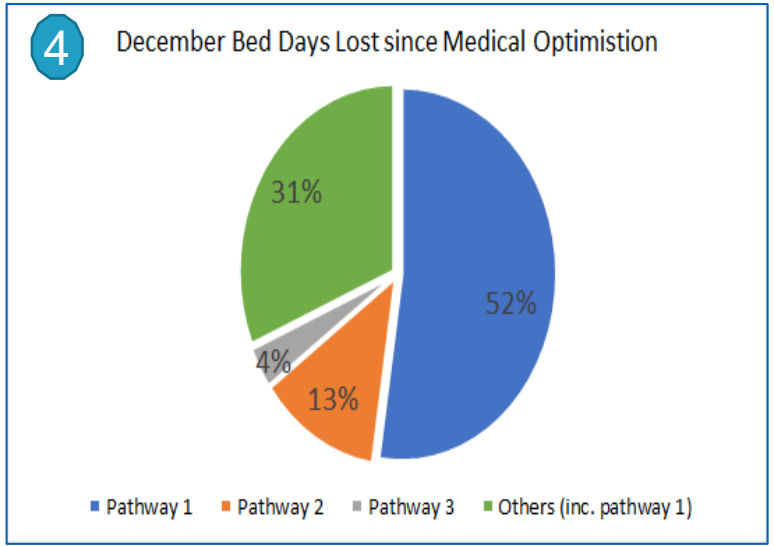
Effective

Gateshead Health NHS Foundation Trust









Year to date Review (Jan- Dec):
At the start of the day (on average) 128 patients don't meet the criteria to reside (132 December)
We discharge on average 77 of these patients per day (60%)

- 52% of the discharges occur before 5pm (circa 40 patients).
  - 10% of these discharges occur before 12 noon (4 of the 40patients)
- 48% of the discharges occur after 5pm (37 patients)
- 40% of the remaining patients continue to occupy a hospital bed.
- The bed days lost since medical optimisation is on a upward trend – figure 2.

December Update:

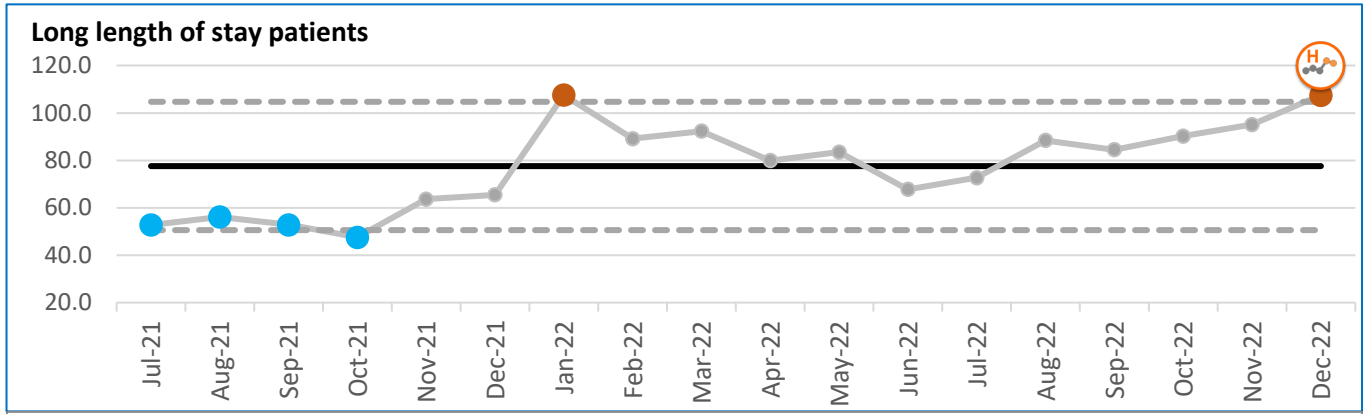
- Average Admissions: 94 per day (range 47 - 145)
- Average discharges: 90 per day (range 42 – 134)
- Average Occupancy levels 96.6% (Nov 96.5)
- CTR average daily patients – 132 per day (135 Nov)
- CtR average discharges - 76 per day (83 Nov)
- 54% of discharges occur before 5pm
- Figure 3 & 4 demonstrate that Pathways 1-3 account for 56% of the patients 69% bed day delays
- Internal Delays & 'Others' account for 44% of the patients and 31% of the bed days delayed.

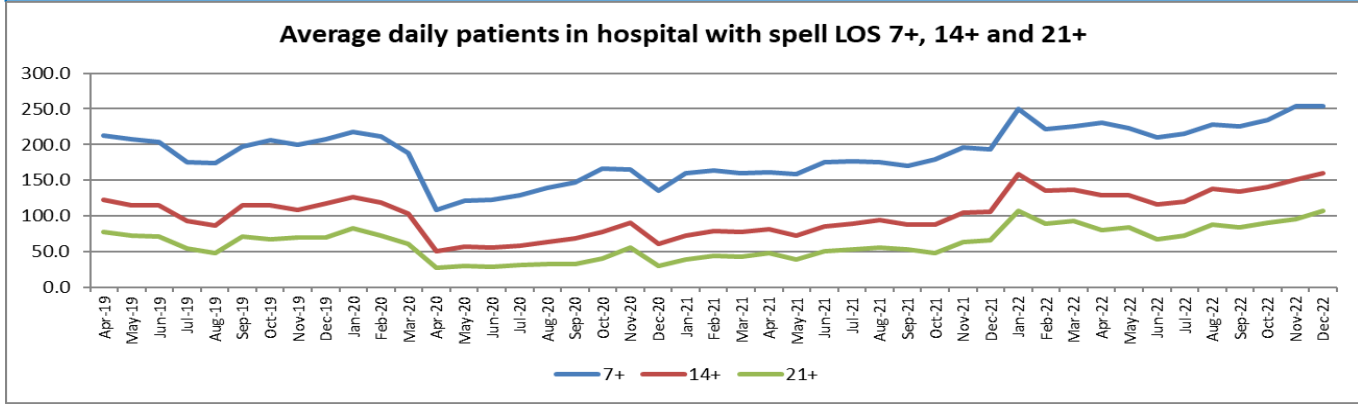
- Operational challenges continue in the daily review of Medically Optimised patients.
- Red to green day pilots have started on Ward 12.
- Data challenges persist: collecting pathway zero as part of clinical workflow remains a priority.
- Trust is now participating in a national 10 week rapid Improvement event to support UEC and flow pressures. Involving rapid PDSA cycles.

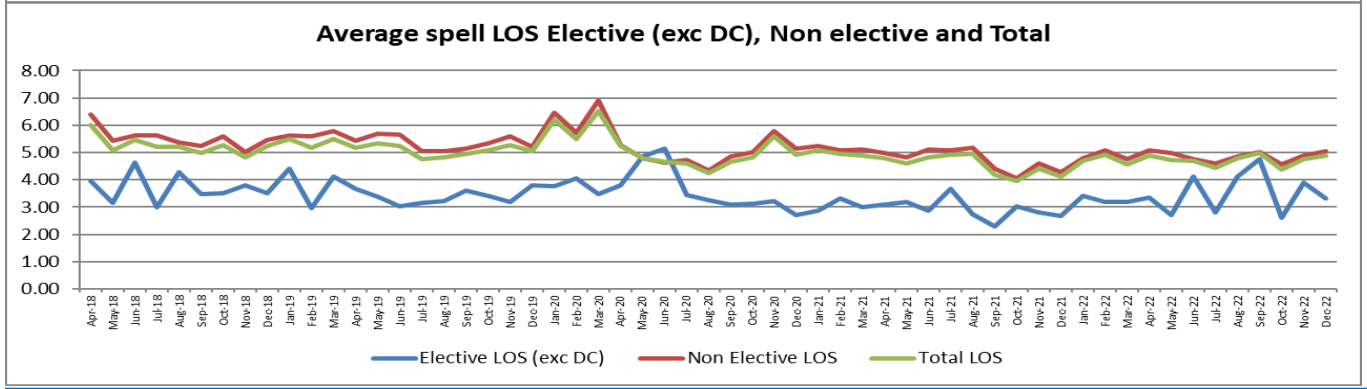
Report by exception: Long Length of Stay Patients

Effective

Gateshead Health NHS Foundation Trust







Situation

- The average number of patients in hospital with 21+ days LOS is currently showing special cause variation (concern). An increase since June 2022 is observed and the December 2022 position exceeds the upper control limit.

Background

- An expectation that the daily average number of patients staying 21+ days would not exceed 59.
- The ECIST existing target of 59 is subject to either pass or fail based on common cause variation.
- The number of LLOS patients increased once again in December to 107.5 from 95.1 in November.

Assessment

- Complex high acuity patients requiring multi faceted treatment plans genuinely do require longer lengths of stay in hospital – these patients are deemed as meeting the criteria to reside in hospital. However, patients who no longer meet the criteria to reside (and are medically optimised) are usually more complex discharges where external delay factors such as limitations on packages of care and the ability to place patients into a care homes are the usual reasons behind the delays.
- The number of patients who do not meet the criteria reside in hospital remains high, with a daily average of 40 patients in October.
- Long lengths of stay patients continue to be reviewed as part of the Improving the patient journey task & finish group as a number of workstreams are affected. A specific workstream to review the super stranded patients - length of stay over 21 days as part of the second priority.

Recommendation

- Review as part of Discharge workstream under the Urgent and Emergency Care Board.

Efficiency and Productivity – Length of Stay (Surgery)

Effective

Gateshead Health NHS Foundation Trust

Assessment

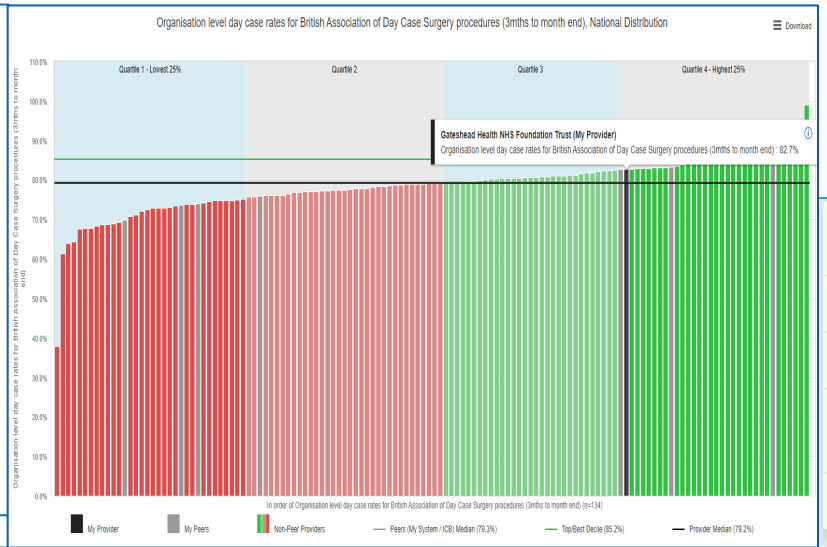
- National data shows day case rates in highest performing quartile (82.7%) and conversion from day case to inpatient also highest performing quartile (7.0%)
- Trust monthly data shows average length of stay of elective fluctuates each month, however latest months of November and December lower than highs in August and September.
- Both total LOS and non elective LOS increased steadily in November and December to 4.9 and 5.05 respectively

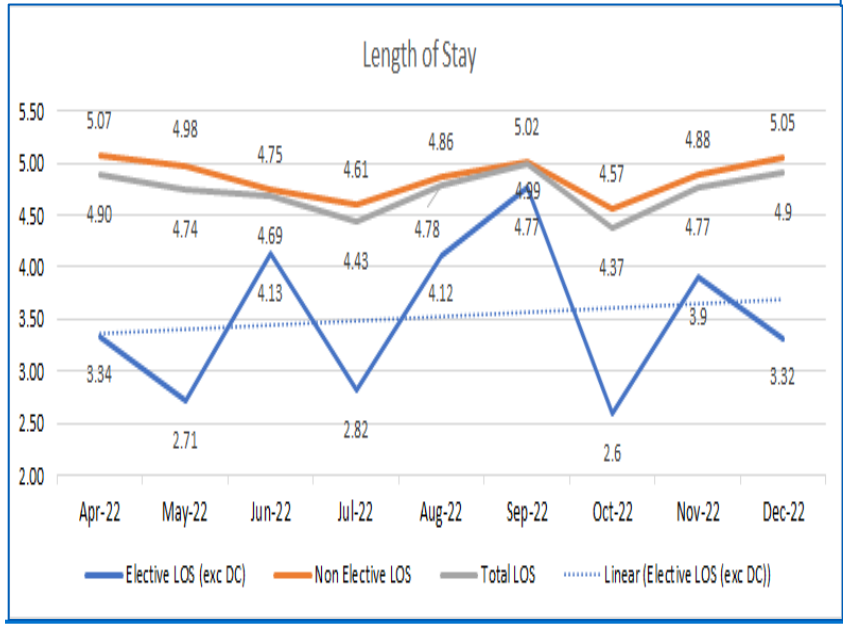
Business Unit are committed to reviewing opportunities for improvement as part of the overall recover plan:

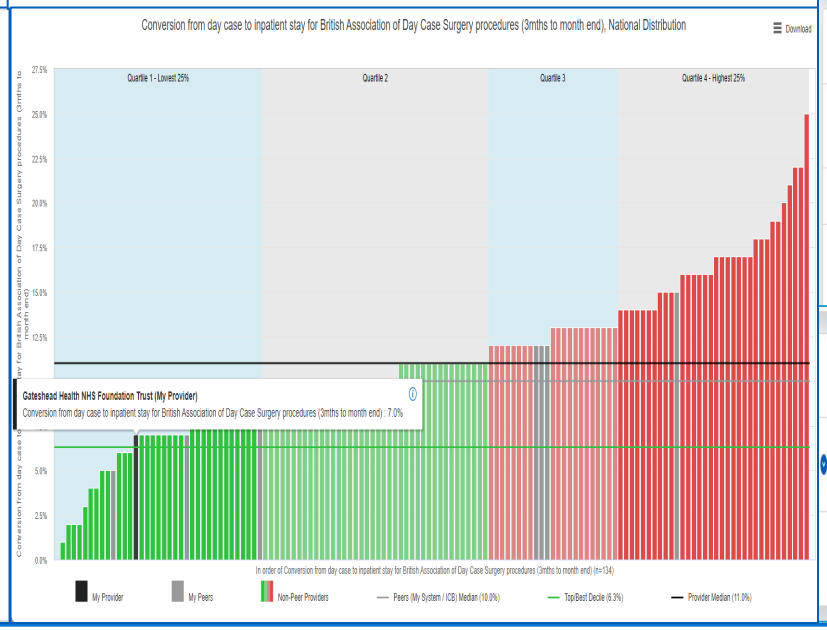
- Review day of surgical admission
- Review of long stay patients
- General surgery length of stay
- General surgical inpatients with no procedure
- General surgical Long stay elective admissions > 20 days / opportunities
- Primary knee replacements

Non Elective :

- Review NEL urology pathways







Length of stay for Elective admissions	Data period	Provider value	Peer average	National value	National value method	Chart	Actions
% of elective admissions with the length of stay of 1 or 2 days	Oct 2022	50.4%	54.4%	51.3%	Provider median		
% of elective admissions with the length of stay > 6 days	Oct 2022	11.6%	8.2%	9.6%	Provider median		
% of bed days that are due to elective patients staying beyond > 6 days	Oct 2022	48.0%	43.1%	50.8%	Provider median		
% of elective admissions with the length of stay > 20 days	Oct 2022	1.6%	1.4%	1.7%	Provider median		

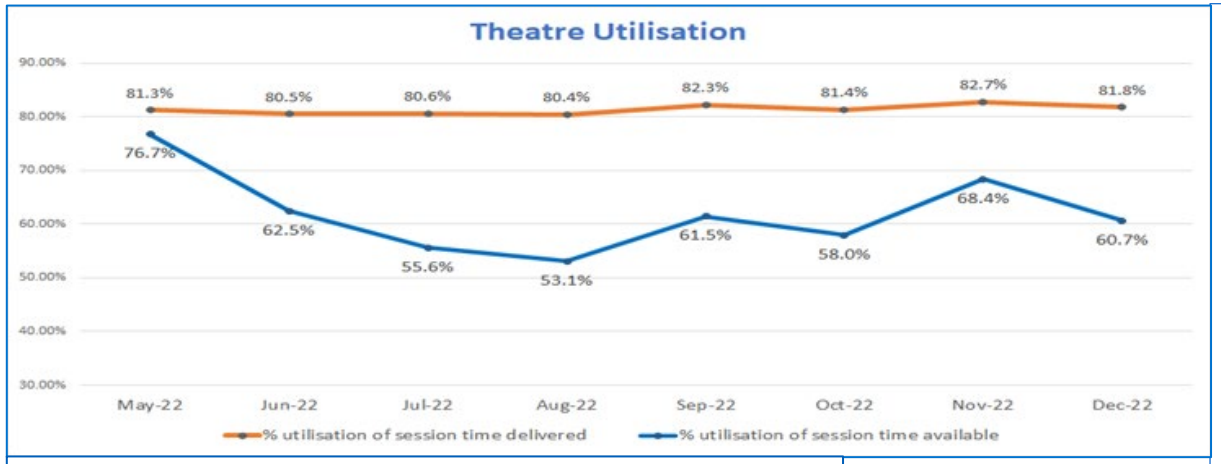
Length of stay for Emergency admissions	Data period	Provider value	Peer average	National value	National value method	Chart	Actions
% of emergency admissions with the length of stay of 1 or 2 days	Oct 2022	17.1%	22.5%	24.6%	Provider median		
% of emergency admissions with the length of stay > 6 days	Oct 2022	20.1%	18.7%	21.1%	Provider median		
% of bed days that are due to emergency patients staying beyond > 6 days	Oct 2022	79.3%	76.9%	79.6%	Provider median		

Elective procedures	Data period	Provider value	Peer average	National value	National value method	Chart	Actions
Surgery on Day of Admission rate for elective admissions - rolling 6 months	Oct 2022	84.2%	95.8%	93.8%	Provider median		
% of short staying elective admissions with no procedure - monthly	Oct 2022	19.3%	16.7%	10.8%	Provider median		

Efficiency and Productivity – Theatres

Effective

Gateshead Health NHS Foundation Trust

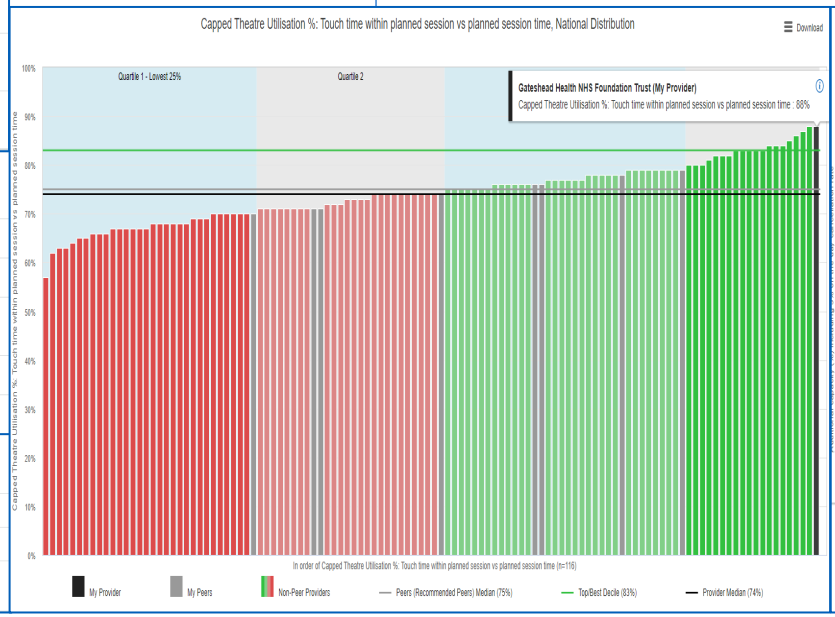


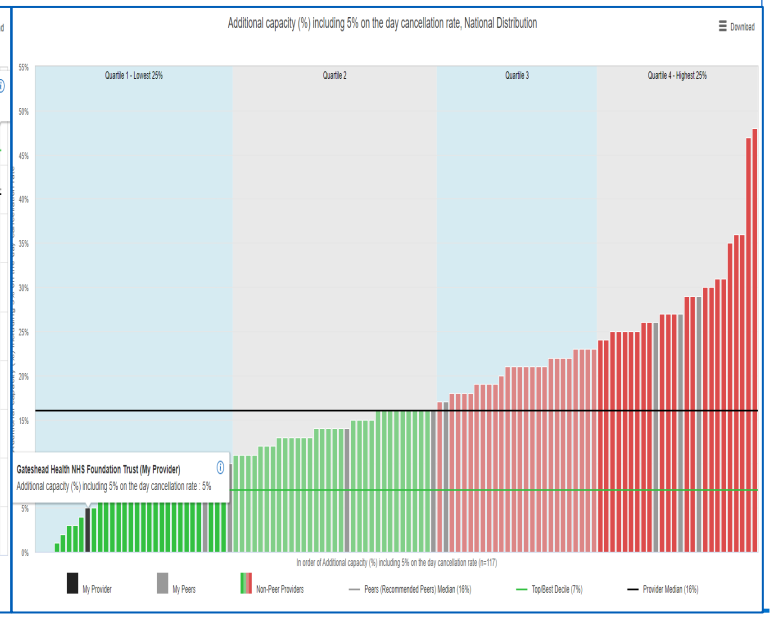
Improving theatre productivity to drive elective activity plays a crucial role in reducing our patient waiting times and eradicating our backlogs.

GIRFT Targets:

- Maximise our running theatre sessions > =85% with appropriate volumes of cases per list. Q3 the Trust was below the threshold but continues to benchmark well. Utilisation in December stood at 81.8%, with latest Model Hospital benchmarking placing the Trust in the Top performing quartile, and bets performing Trust at 88%.
- Maximising the use of the theatre suites is an area of improvement – performance has improved from a low of 53.1% in August to 60.7% in December, however that is lower than the 68.4% achieved in November.
- National data also benchmarks well in relation to additional capacity(%) including 5% on the day cancellation rate which stands at 5%, an in the best performing quartile
- National data also shows Uncapped theatre utilisation rate of 93% for touch time/planned which is higher then latest peer average (80%) and national average (79%). With Capped theatre utilisation rate of 88% for touchtime/planned again higher then latest peer average (75%) and national average (74%).
- Other nationally benchmarked efficiency metrics in the graphic (left) also benchmark better than peer and national averages in the main

Touch Time Utilisation Reporting is weekly and the date displayed represents the Week Ending Date.	Data period	Provider value	Peer average	National value	National value method	Chart
Uncapped Theatre Utilisation %: Total touch time vs planned session time	04/12/2022	93%	80%	79%	Provider median	
Capped Theatre Utilisation %: Touch time within planned session vs planned session time	04/12/2022	88%	75%	74%	Provider median	
Efficiency Reporting is weekly and the date displayed represents the Week Ending Date.	Data period	Provider value	Peer average	National value	National value method	Chart
Average late start (of the sessions that started late) (minutes)	04/12/2022	21	29	30	Provider median	
Average intercase downtime (minutes)	04/12/2022	16	16	16	Provider median	
Average early finish (of the sessions that finished early) (minutes)	04/12/2022	63	66	72	Provider median	
Average unplanned session extension (minutes)	04/12/2022	43	31	47	Provider median	
% of emergency surgery conducted within elective lists	04/12/2022	0.6%	0.6%	0.5%	Provider median	
Capacity Reporting is weekly and the date displayed represents the Week Ending Date.	Data period	Provider value	Peer average	National value	National value method	Chart
Number of additional cases there is capacity to treat	04/12/2022	17	56	63	Provider median	
Additional capacity as a % of current activity	04/12/2022	11%	22%	22%	Provider median	
Additional capacity (%) including 5% on the day cancellation rate	04/12/2022	5%	16%	16%	Provider median	





UEC Measures

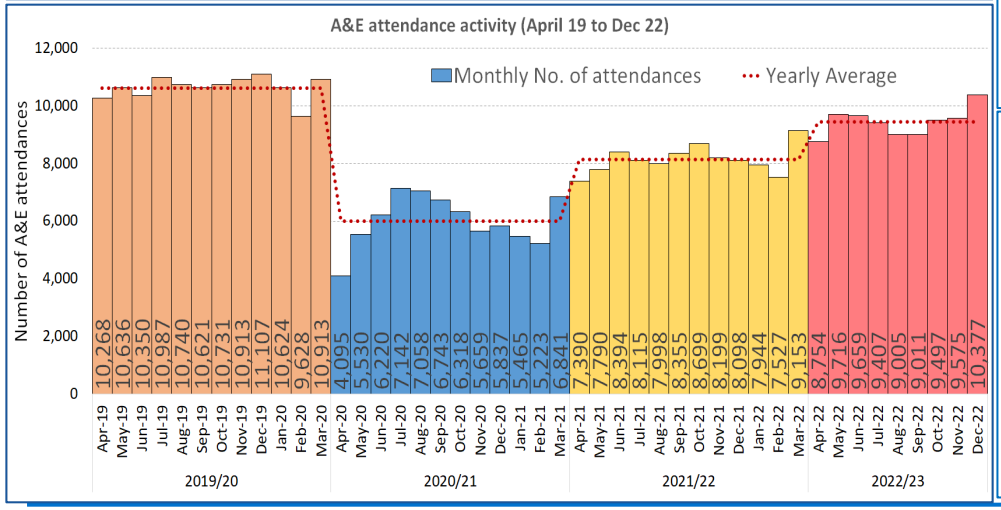
Responsive

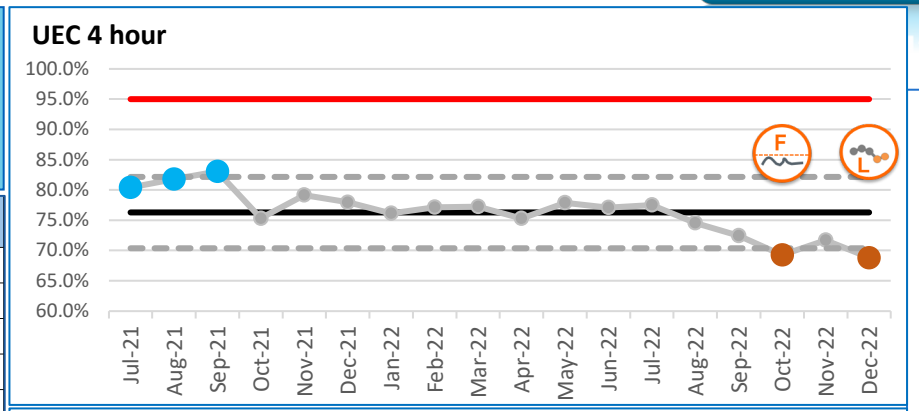
Gateshead Health NHS Foundation Trust

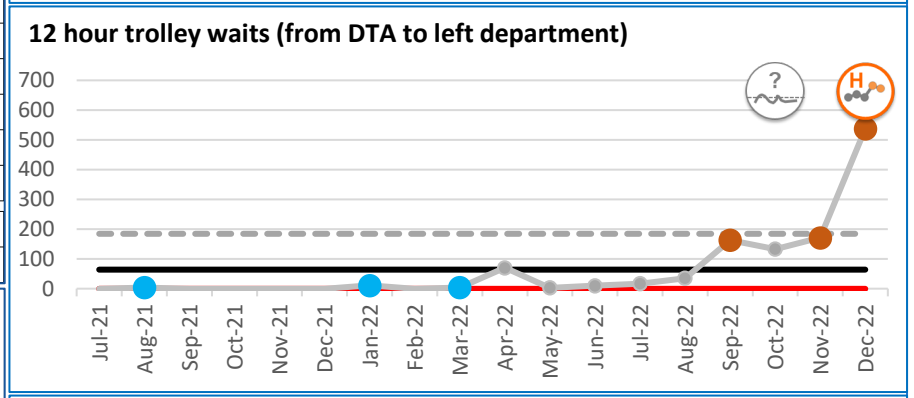
NHSI SOF Operational Performance & National Operational Standards

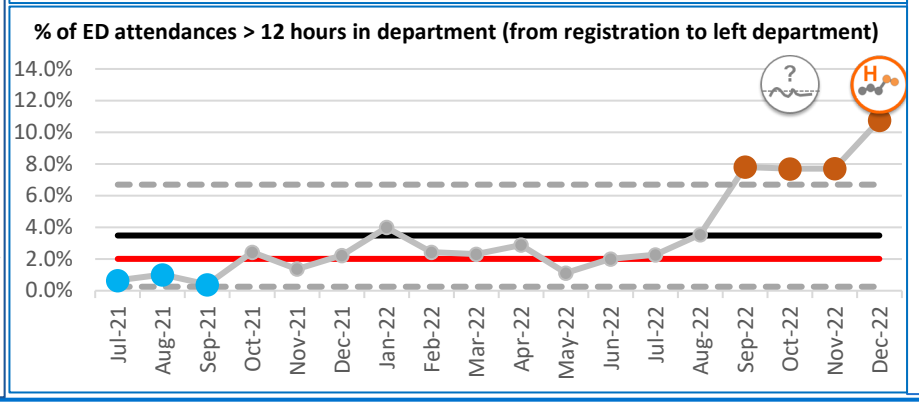
1. % of patients who spend 4 hours or less in A&E (target 95%)
2. National rank 4-hr performance our of all trusts
3. No. of attendances
4. No of waits in department > 12 hours
5. No of waits in department waiting longer than 12 hours for a bed

A&E Indicators	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Monthly Trend
Attendances: Type 1	5431	6091	6034	5950	5579	5796	6254	6220	7012	
Attendances: Type 3	3323	3625	3625	3457	3427	3215	3243	3355	3365	
Total Attendances	8754	9716	9659	9407	9006	9011	9497	9575	10377	
Total Breaches	2164	2148	2212	2116	2292	2484	2918	2709	3237	
Trust Total - % seen in 4 hours	75.3%	77.9%	77.1%	77.5%	74.6%	72.4%	69.3%	71.1%	68.8%	
National Rank (Accute trusts - Lower is better)	23	20	19	16	29	33	38	31	25	
12 hour trolley waits (DTA breaches)	71	4	11	18	36	164	134	172	538	
Volume in department > 12hours	252	108	193	213	318	703	731	738	1116	
A&E >12hour waits (target <2%)	2.88%	1.11%	2.00%	2.26%	3.53%	7.80%	7.70%	7.71%	10.75%	
Average bed occupancy	94.4%	92.8%	94.4%	95.1%	96.0%	96.8%	96.7%	96.5%	96.6%	
Peadiatric Type 1 Attendances (number)	879	1101	1109	1107	749	886	1070	1388	2030	
Peadiatric Type 1 Attendances (% of all attendances)	10.0%	11.3%	11.5%	11.8%	8.3%	9.8%	11.3%	14.5%	19.6%	









Situation

- Attendances increased in December to 10,377 from 9575 in November, daily attendances averaged 73 per day more than December 2021 (representing an increase of 28.1%).
- The target for 12 hr dept times of no more than 2% of all attendances has not been met in December (10.75%, 1116 cases), and has not been met since June.
- Overall time in the department remains high, (non-admitted 3 hours 12 minutes, admitted 11 hours 55 minutes)
- 538 x 12 hour trolley breaches recorded in the month, an increase from 172 in November.
- Bed occupancy levels are high averaging 96.6% in December, with a daily peak of 99.4% on the 27th December.

Context:

- Urgent and Emergency Care remains under significant pressure.
- Paediatrics noted a significant increase in attendances, 2030 in December accounting for 19.6% of all attendances. This is an increase 642 (46%) on November and 960 (89%) on October.
- This increase was attributed largely to 'worried well' children, in response to media coverage of Strep A, with parents struggling to get GP appointments so subsequently attending A&E.
- In November/December pressures continued to be acute as a result of high bed occupancy, social care discharges, reduced escalation area due to the work associated with the new operating model and highest attendances since pandemic started.
- As a result of significant escalating pressures the Trust moved to OPEL4 on the 27th December, where it remained until 12th January.

UEC Measures - Ambulance Handover Delays

Responsive

Gateshead Health NHS Foundation Trust

NHSI SOF Operational Performance & National Operational Standards
1. No. of ambulance delays
2. No. of ambulance diverts

Ambulance Arrivals and handover delays	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Monthly Trend
No. Patients arriving by Ambulance	1619	1803	1733	1748	1760	1753	1708	1679	1563	
% of handovers <15 Minutes	44.1%	46.7%	45.1%	42.5%	45.8%	38.2%	34.7%	33.6%	24.7%	
% of handovers 30-60 Minutes	94.9%	98.4%	97.3%	95.9%	97.1%	93.0%	92.9%	92.2%	93.4%	
Number of >30 Minute Breaches	72	26	40	63	45	106	112	114	93	
Number of >60 Minute Breaches	62	10	17	37	36	123	110	155	250	

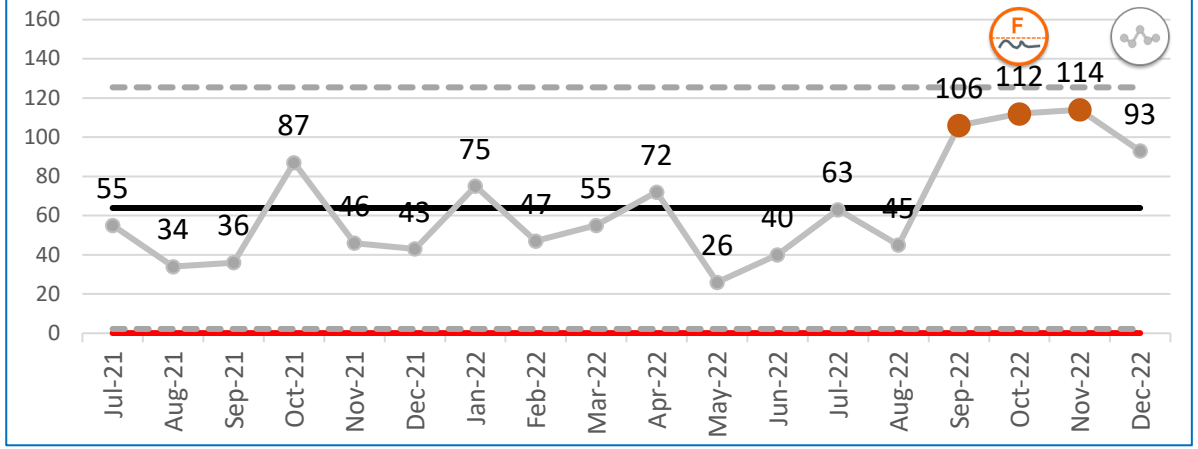
Background
The NHS Long Term Plan set out a vision to reduce Ambulance delays. Ambulance delays are risky as they delay assessment and treatment for those waiting in an ambulance queue. Delays can compromise safety in the community by reducing the number of ambulances available to respond to emergencies.

There is now greater focus on reducing ambulance delays following AACE publication of clinical review which states that the review should take 15 mins with no patients waiting more than 30 minutes. In 2022/23 an expectation of 65% of handovers should take place within 15 minutes, 95% within 30 minutes and 100% within 60 minutes.

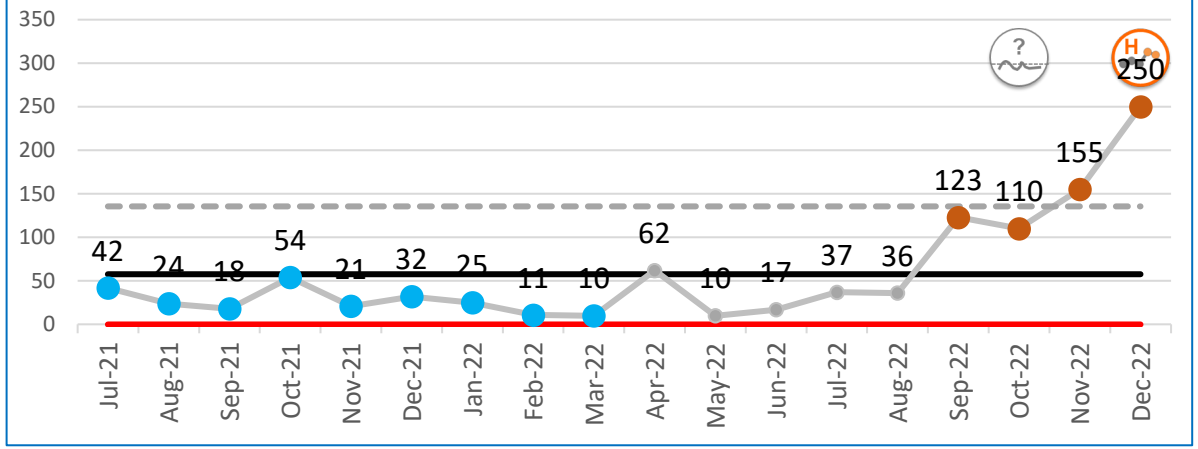
Situation
Following increases in 2021, a further noticeable increase in handover delays can be observed from September 2022 with the latest three of four data points close to the upper process limit, this did decrease slightly in December 2022 however was offset by the number of over 60 minute handovers.. In December 22, there were 93 30-60 minute delays reported. Over 60 minute delays is displaying special cause variation with 250 delays in December 22.

Recommendation
NHS England visit took place in September to review good practice around ambulance handovers and fit to sit. Finance & Performance Committee continue to receive updates from service.

Ambulance handover delays 30-60 minutes



Ambulance handover delays 60 minutes +



UEC activity heatmap – last 2 months

Responsive

Gateshead Health NHS Foundation Trust

November

	Tue-01/11/2022	Wed-02/11/2022	Thu-03/11/2022	Fri-04/11/2022	Sat-05/11/2022	Sun-06/11/2022	Mon-07/11/2022	Tue-08/11/2022	Wed-09/11/2022	Thu-10/11/2022	Fri-11/11/2022	Sat-12/11/2022	Sun-13/11/2022	Mon-14/11/2022	Tue-15/11/2022	Wed-16/11/2022	Thu-17/11/2022	Fri-18/11/2022	Sat-19/11/2022	Sun-20/11/2022	Mon-21/11/2022	Tue-22/11/2022	Wed-23/11/2022	Thu-24/11/2022	Fri-25/11/2022	Sat-26/11/2022	Sun-27/11/2022	Mon-28/11/2022	Tue-29/11/2022	Wed-30/11/2022
No. of A&E Attendances	326	336	307	288	282	321	348	381	311	317	325	282	288	376	298	320	316	316	301	316	317	325	350	338	281	296	343	349	335	286
No. of admissions	119	112	108	98	67	68	97	119	111	119	104	73	60	116	115	108	127	105	68	63	96	104	104	96	107	63	65	100	114	105
No. of discharges	105	122	94	111	69	44	92	122	114	128	116	72	43	123	105	114	107	135	69	35	87	105	104	119	111	56	57	107	103	100
No. of emergency admissions	101	97	94	89	66	66	79	95	96	101	90	73	59	105	94	91	90	88	65	61	79	93	84	77	96	61	63	86	94	93
No. of emergency admissions via A&E	67	61	68	50	49	57	46	60	59	62	58	53	43	60	60	59	66	65	53	55	57	62	58	52	68	52	53	57	62	66
No. of patients arriving by Ambulance	57	65	61	53	62	63	47	62	43	70	58	59	50	57	51	64	57	66	58	62	44	54	54	58	64	54	48	38	51	49
Ambulance handover delays of 30 to 60 minutes	2	8	6	2	5	8	1	2	5	4	1	3	0	5	1	4	2	6	6	2	3	7	1	1	2	1	5	8	7	6
Ambulance handover delays of over 60 minutes	2	11	6	4	6	6	3	5	4	2	10	4	0	2	10	5	1	4	2	3	1	7	11	10	4	4	0	4	17	7
No. of 4 Hour Wait Breaches	121	94	102	103	100	95	80	117	103	97	88	105	65	86	83	83	92	80	90	72	94	101	83	81	72	60	75	87	109	80
4 hour performance	62.1%	71.3%	66.8%	64.2%	64.5%	70.1%	76.8%	69.3%	65.7%	69.1%	72.8%	62.2%	77.4%	76.9%	72.1%	73.9%	69.9%	74.5%	69.4%	76.8%	70.3%	68.9%	75.7%	75.7%	73.9%	79.7%	78.1%	75.1%	67.5%	71.9%
No. of waits for admission 4-12 hours from DTA	40	33	40	33	29	37	10	13	36	36	40	38	29	30	36	41	37	41	31	33	19	33	14	34	41	35	26	9	8	22
No. patients waiting over 12 hours in department	34	33	29	33	43	28	26	35	35	25	17	8	12	16	32	27	13	11	22	22	26	30	31	24	5	4	13	28	35	40
No. of waits for admission from DTA over 12 hours	5	5	0	1	8	2	15	16	3	0	0	0	0	0	0	0	0	0	2	5	14	2	21	0	0	0	3	17	28	23
No. of patients who do not meet the criteria to reside	38	48	47	58	52	49	47	50	49	48	50	60	57	55	52	59	45	51	52	53	53	51	50	53	50	57	57	57	59	65
No of beds open	468	471	469	466	471	475	483	486	488	485	485	483	485	477	477	477	479	474	474	474	481	474	477	477	469	462	454	468	463	460
% Beds Occupied	97.2%	96.2%	97.4%	96.6%	96.6%	99.4%	99.4%	99.2%	97.1%	96.3%	92.8%	93.4%	96.7%	96.2%	97.1%	95.0%	94.6%	92.0%	94.7%	98.1%	99.2%	99.2%	98.1%	94.5%	93.4%	94.8%	97.8%	95.3%	98.9%	99.1%

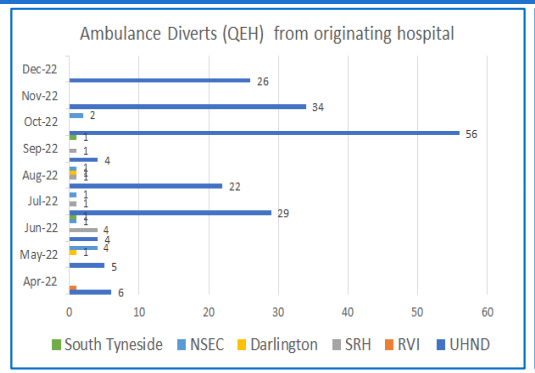
December

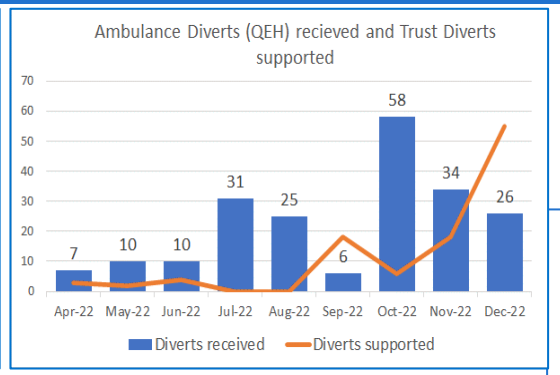
	Thu-01/12/2022	Fri-02/12/2022	Sat-03/12/2022	Sun-04/12/2022	Mon-05/12/2022	Tue-06/12/2022	Wed-07/12/2022	Thu-08/12/2022	Fri-09/12/2022	Sat-10/12/2022	Sun-11/12/2022	Mon-12/12/2022	Tue-13/12/2022	Wed-14/12/2022	Thu-15/12/2022	Fri-16/12/2022	Sat-17/12/2022	Sun-18/12/2022	Mon-19/12/2022	Tue-20/12/2022	Wed-21/12/2022	Thu-22/12/2022	Fri-23/12/2022	Sat-24/12/2022 (Xmas Eve)	Sun-25/12/2022 (Xmas Day)	Mon-26/12/2022 (Boxing Day)	Tue-27/12/2022 (OPELI4 declared)	Wed-28/12/2022	Thu-29/12/2022	Fri-30/12/2022	Sat-31/12/2022 (NY Eve)
No. of A&E Attendances	293	297	271	328	385	350	391	317	342	343	339	416	349	380	318	330	312	348	367	386	300	287	329	342	231	337	419	330	315	317	308
No. of admissions	83	90	65	47	91	114	106	100	87	80	70	100	107	116	130	97	78	71	116	137	88	111	100	74	59	76	104	103	110	145	65
No. of discharges	80	102	59	48	94	109	94	98	94	72	62	110	91	124	96	134	67	56	106	122	114	96	115	99	42	45	76	89	106	125	78
No. of emergency admissions	73	80	64	45	83	95	88	64	71	80	69	88	84	108	86	87	76	70	109	110	81	89	88	73	59	76	102	79	89	112	62
No. of emergency admissions via A&E	43	59	55	38	64	65	65	42	54	59	58	65	48	69	60	53	69	54	66	80	60	59	59	51	54	60	88	52	51	80	43
No. of patients arriving by Ambulance	55	60	51	46	46	56	61	45	46	56	50	57	52	54	56	49	51	40	48	54	51	52	47	53	55	48	45	40	47	55	37
Ambulance handover delays of 30 to 60 minutes	2	2	1	4	1	1	6	10	5	4	3	5	3	3	1	5	3	0	1	1	3	0	7	3	2	3	3	2	1	5	3
Ambulance handover delays of over 60 minutes	5	6	8	4	3	6	10	5	8	14	6	4	9	7	5	10	9	6	6	10	14	1	19	10	14	8	8	8	12	14	1
No. of 4 Hour Wait Breaches	64	78	98	72	88	114	102	76	115	112	88	121	99	113	112	74	123	118	129	142	93	113	111	102	70	126	139	96	109	121	119
4 hour performance	78.2%	73.6%	63.8%	78.0%	77.1%	67.4%	73.9%	76.0%	66.1%	67.2%	74.0%	70.9%	71.4%	70.2%	64.8%	77.6%	60.6%	65.9%	64.7%	62.9%	68.5%	60.6%	66.4%	70.1%	69.6%	62.4%	66.3%	70.9%	65.3%	61.7%	61.2%
No. of waits for admission 4-12 hours from DTA	27	20	17	26	18	18	24	9	14	39	23	14	9	21	26	17	16	18	6	23	17	46	24	4	28	22	25	15	9	24	16
No. patients waiting over 12 hours in department	22	31	41	19	21	33	38	30	32	36	18	28	33	37	32	32	54	36	45	57	40	36	49	40	24	38	51	32	47	53	31
No. of waits for admission from DTA over 12 hours	2	15	25	0	8	15	17	20	22	6	5	15	22	17	7	16	29	16	29	31	22	1	20	33	9	19	20	23	26	33	15
No. of patients who do not meet the criteria to reside	66	63	60	62	60	57	54	49	48	51	49	49	53	53	56	57	69	67	65	62	62	65	67	60	47	47	47	43	45	46	59
No of beds open	462	461	471	464	456	463	462	454	467	471	468	468	473	472	471	473	477	479	483	476	470	467	478	464	460	473	476	477	491	483	479
% Beds Occupied	98.5%	96.3%	96.2%	97.0%	98.9%	97.6%	98.5%	99.1%	95.3%	96.0%	97.6%	97.4%	97.5%	97.7%	96.0%	93.2%	95.0%	98.5%	99.2%	99.2%	97.7%	97.9%	89.7%	88.1%	92.6%	96.6%	99.4%	99.0%	95.5%	97.3%	97.7%

Pressures

Operational Performance Pressures & Operational Supporting Standards

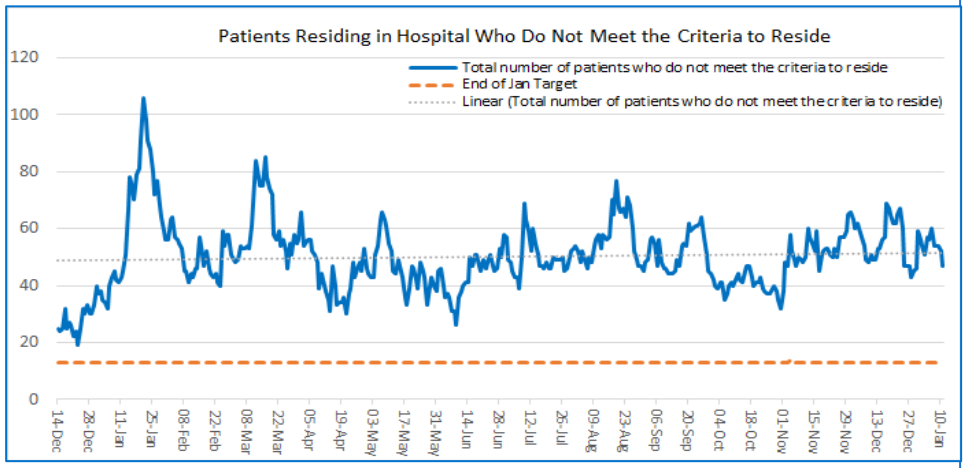
1. No. of ambulance diverts
2. No. of Beds Open over Planned Levels
3. No. of patients no longer meeting the Criteria to Reside
4. Patients discharged who no longer met the criteria to reside





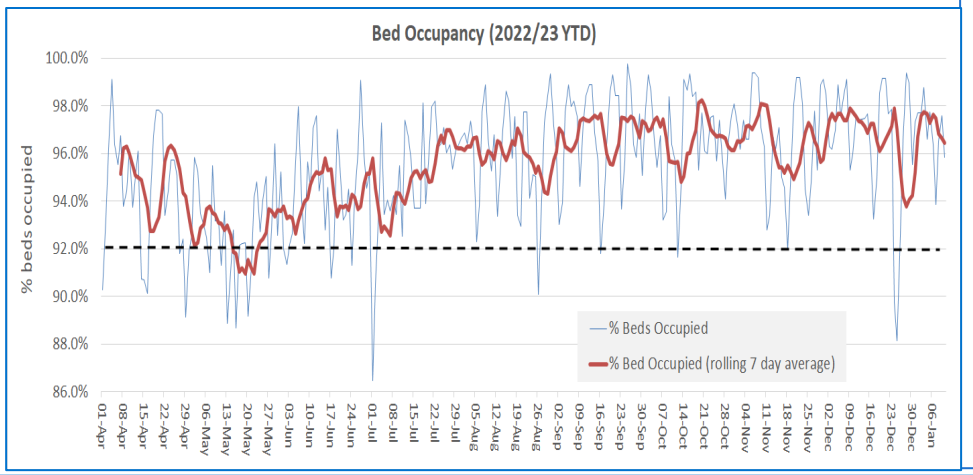
Handover Delays – 30-60 minutes

	2019/20																
Provider	Avge	Min	Max	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Gateshead Health NHS Foundation Trust	40	5	99	43	87	47	55	72	26	40	63	45	106	112	114	94
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	93	65	109	66	102	83	123	90	84	90	107	93	114	137	126	159
Northumbria Healthcare NHS Foundation Trust	472	283	723	399	276	352	531	398	578	442	587	556	557	484	406	421
South Tees Hospitals NHS Foundation Trust	138	105	184	151	179	170	210	200	206	231	260	309	355	344	351	266
North Tees & Hartlepool NHS Foundation Trust	64	42	116	100	85	19	44	35	34	68	41	47	48	110	92	127
County Durham & Darlington NHS Foundation Trust	313	165	438	345	374	437	325	365	238	346	365	347	376	341	372	280
South Tyneside and Sunderland NHS Foundation Trust	313	208	471	501	464	373	292	363	354	493	446	461	402	520	462	427
North Cumbria University Hospitals NHS Trust	405	265	559	157	222	238	246	282	248	201	207	297	303	316	320	381
NENC	1836	1308	2612	1762	1789	1719	1826	1805	1768	1911	2076	2155	2261	2364	2243	2155



Handover Delays – 60 minutes +

	2019/20															
Provider	Avge	Min	Max	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Gateshead Health NHS Foundation Trust	21	0	81	26	33	11	10	62	10	17	37	36	123	110	155	262
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	2	0	6	2	1	1	0	0	0	0	1	0	0	8	5	12
Northumbria Healthcare NHS Foundation Trust	79	24	206	120	52	93	183	84	122	87	110	102	125	171	123	233
South Tees Hospitals NHS Foundation Trust	47	10	117	133	156	172	178	183	208	278	419	291	320	565	554	543
North Tees & Hartlepool NHS Foundation Trust	6	1	18	47	13	7	3	8	4	15	6	24	12	29	29	108
County Durham & Darlington NHS Foundation Trust	178	32	404	271	253	254	161	265	127	286	340	359	420	401	373	506
South Tyneside and Sunderland NHS Foundation Trust	117	23	268	144	170	59	57	133	81	171	130	164	98	270	193	395
North Cumbria University Hospitals NHS Trust	72	26	117	35	75	95	71	85	90	71	100	184	228	209	238	319
NENC	522	227	1138	778	753	692	663	820	642	925	1143	1160	1326	1763	1670	2378



Gateshead Health NHS Foundation Trust

Situation

- Even with the significant continued high levels of handover delays, in December the Trust remained was 3rd top performing Trust in the (ICS) region for 30-60m Ambulance hand-over times and 3rd for 60+ minute delays.
- Patients who no longer meet the criteria to reside remain problematic, averaging daily 56 in December, an increase from 52 in November. Daily peak of 69 on the 17th December.
- Out of area patients continue to account for notable numbers of patients and blocked beds (majority pathway 1)
- Additional beds are open over planned levels to accommodate patients who we are unable to discharge.

Context:

- Highest bed occupancy levels in ICS (Dec 22), Bed occupancy average 96.6% in December (ICS average 91.6%). Daily peak 99.4% 2th December. Bed occupancy consistent well above 92% threshold, using 7 day rolling average basis
- Site pressures continue with beds blocked due to difficulties discharging patients and exceptional high A&E attendances in December
- Ambulance diverts received decreased to 26 in December, diverts from us that were supported was the highest of the year (55), up from 18 in November.

Community Teams and Rapid Response

Gateshead Health NHS Foundation Trust

Community Teams

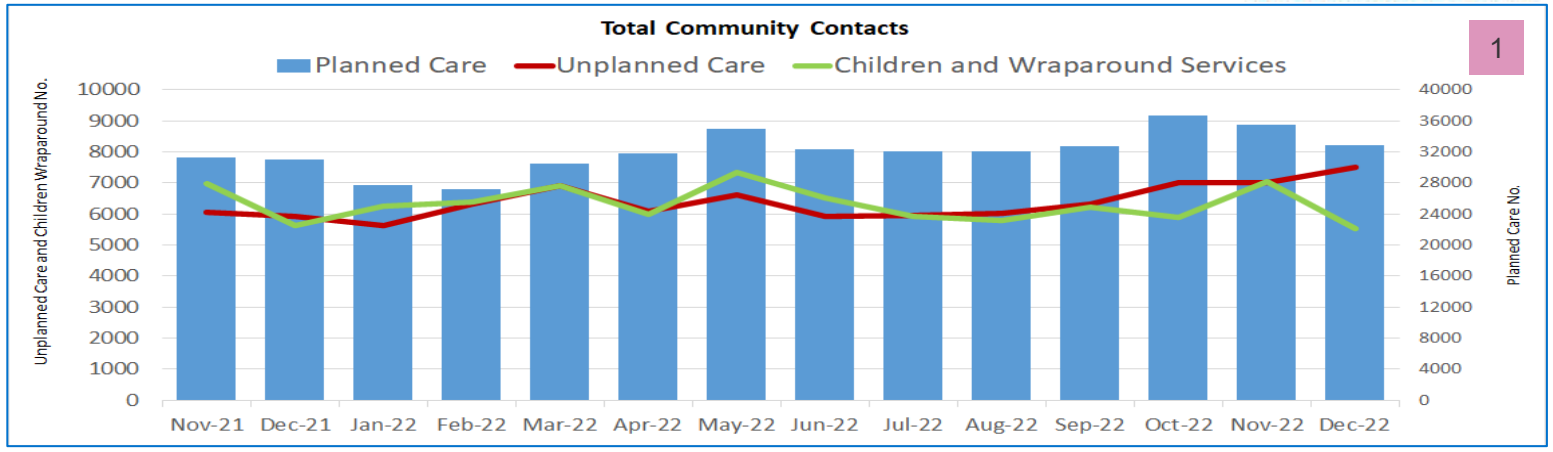
Community teams work with patients from birth to end of life to provide care to patients in their place of residence, clinic or education setting. The aim is to provide care close to home, avoiding admission, support early discharge and support patients to reach their maximum potential and independence in all areas of life. Services are split into 3 areas:

Planned Care
- Locality Nursing and community COVID vaccination teams

Unplanned Care
- Rapid Response, Community Stroke Rehabilitation team and Falls team plus Strength and Balance and Pulmonary Rehabilitation.

Children and Wraparound Services
- Children's Community Nursing and Therapy teams (Occupational therapy, Physiotherapy and Speech and Language), Continence team, Podiatry and Adult Speech and Language.

The graphic (right) provides activity data for each of the areas above, for the past 12 months. The increase activity in October and November is linked to the seasonal vaccinations for Flu and COVID. This accounts for most of the data increase from September.



	Team	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Total contacts	Planned care	31055	27739	27134	30418	31765	34954	32273	32073	31996	32729	36657	35526	32791
	Unplanned care	5932	5635	6316	6901	6099	6598	5899	5947	6029	6084	6817	6695	7495
	Children & Wraparound services	5620	6239	6370	6907	6184	7574	6750	6150	6062	6478	6197	7352	5516

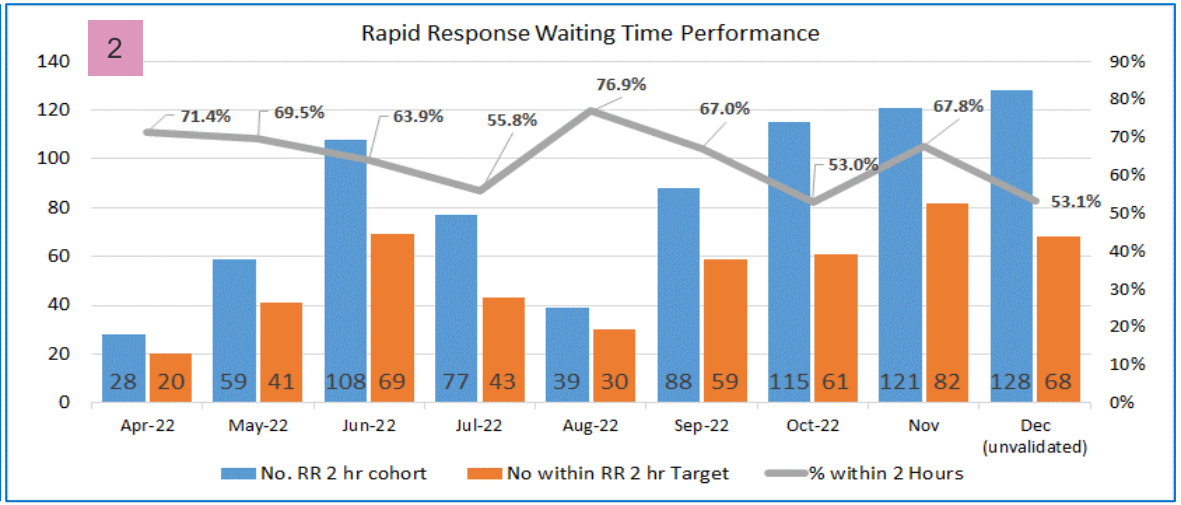
Rapid Response

Rapid Response is a 24/7 service providing a nursing and therapy service who require unplanned and rehabilitation assistance in Gateshead. The aim is to supports patients in the community to prevent admission with the 2 hour crisis response service, facilitate early discharge and promote independence in activities of daily life

NHS E/I has implemented the following Community health services Two hour crisis response standard:

Improve outcomes through reaching patients in crisis in under 2 hours where clinically appropriate. Providers will be required to achieve, and ideally exceed in the majority of cases, the minimum threshold of reaching 70% of 2 hour crisis response demand within 2 hours from the end of Q3.

Monthly updates have been provided in the IOR since April. The Rapid Response team responded to 121 two-hour crisis response referrals in November and achieved a validated compliance rate of 67.8% for patients seen within 2 hours, just below target. **Indicative** (currently being validated) performance for December is 128 referrals with a compliance rate of 53.1%. The requirement is to achieve this standard by Q3 2022.



Elective Care Activity & Recovery

Trust's should deliver an activity plan to the value of 104% of pre-covid income generated from elective activity. The Trust submitted 'a stretch' activity plan to deliver 100% over overnight Elective Activity, 104% Daycases with an Outpatient follow-up reduction plan to take full advantage of opportunities to transform the delivery of services. Moving away from non-value outpatient follow up activity and progressing clock stopping activity (predominantly inpatients) to reduce long waiters, Zero 52 week waiters by the end of March 2023.

Elective Activity	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Monthly Trend
Total - Comined Elective Activity	93%	99%	103%	91%	105%	105%	93%	110%	90%	
Daycase	90%	103%	113%	85%	105%	103%	92%	109%	105%	
Elective Overnights	71%	71%	78%	68%	76%	86%	73%	96%	76%	
Outpatient - New	94%	109%	105%	93%	110%	106%	97%	122%	98%	
Outpatient - Followup	94%	96%	101%	92%	104%	106%	93%	107%	85%	
Total Outpatient	94%	99%	102%	92%	105%	106%	94%	110%	89%	

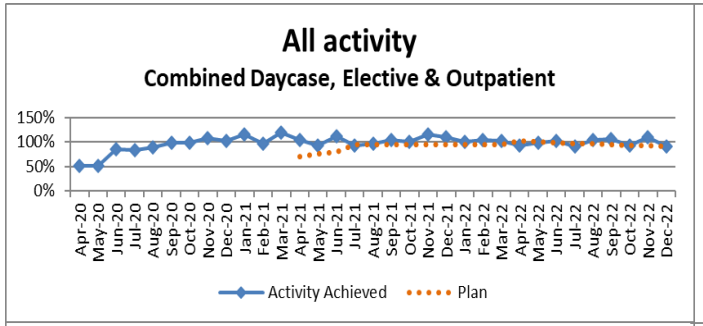
Indicative

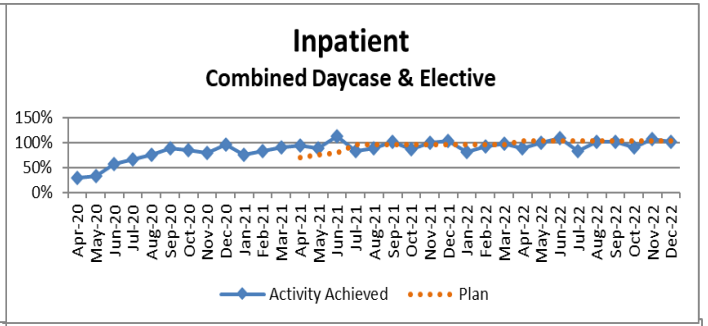
December Activity: (DRAFT) - Activity is below planed levels:

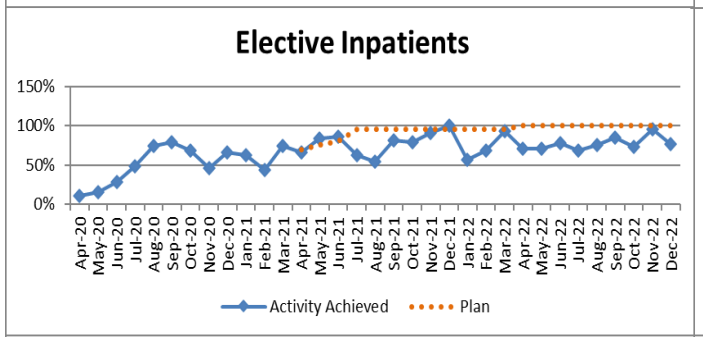
- **Combined elective activity 90%**
  - **Day cases 105%**
  - **Elective inpatients 76%**
  - **New Outpatients 98%**
  - **FU Outpatients 85%**

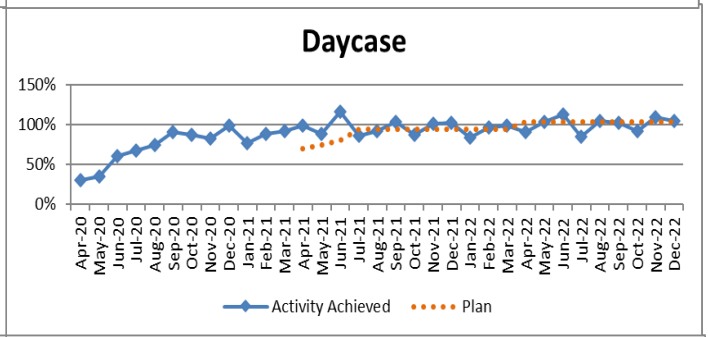
Other key requirements:

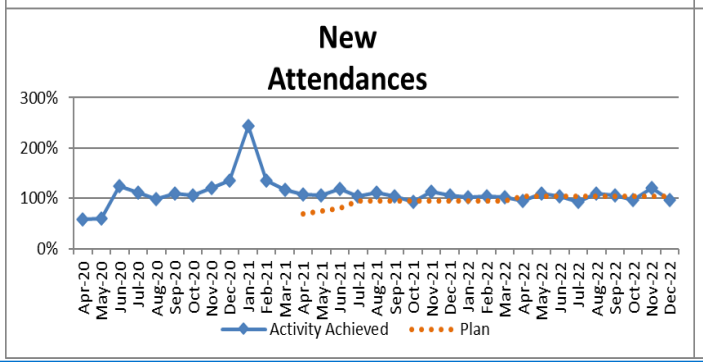
- The Trust is reporting 23.85% of all outpatient attendances conducted remotely, which is slightly below the 25% expectation.
- 2.16% of all OP recorded as Patient Initiated Follow-Up – which is below planned levels of 3.6%.

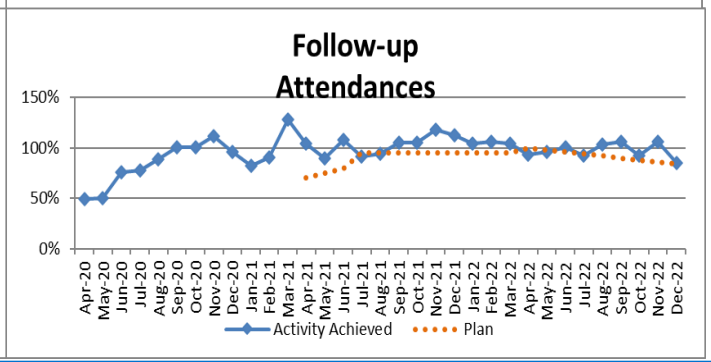












Activity & Recovery - Diagnostic

Gateshead Health NHS Foundation Trust

The expectation is to deliver 120% ICS diagnostic activity across the ICS. Trusts are expected to deliver as much as they can to support elective recovery. Overall December activity levels are at **121%** of activity in same period 19/20, **Endoscopy: 112%** of activity in same period 19/20, **Echocardiography: 112%** of activity in same period 19/20.

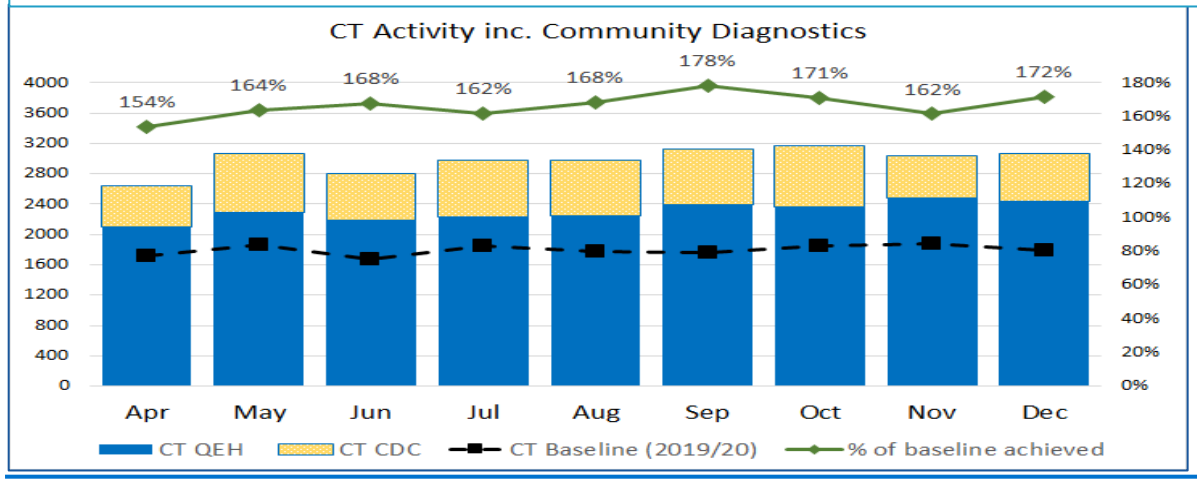
Diagnostic Activity Delivered	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Monthly Trend
Total - Total (100%)	100%	112%	110%	102%	111%	115%	111%	124%	121%	
MRI (120%)	91%	101%	100%	103%	105%	105%	94%	106%	102%	
CT (120%)	122%	122%	131%	121%	127%	136%	127%	132%	137%	
Colonoscopy (100%)	92%	106%	130%	90%	116%	120%	112%	129%	91%	
Non Obs Ultrasound (100%)	85%	100%	96%	83%	88%	93%	98%	110%	114%	
Flexi Sigmoidoscopy (100%)	66%	86%	73%	82%	124%	109%	76%	82%	93%	
Gastroscopy (100%)	86%	108%	109%	81%	125%	98%	98%	95%	87%	
Echo (100%)	73%	83%	76%	96%	90%	103%	89%	92%	112%	
Endoscopy (100%)	98%	127%	129%	105%	145%	128%	118%	131%	112%	

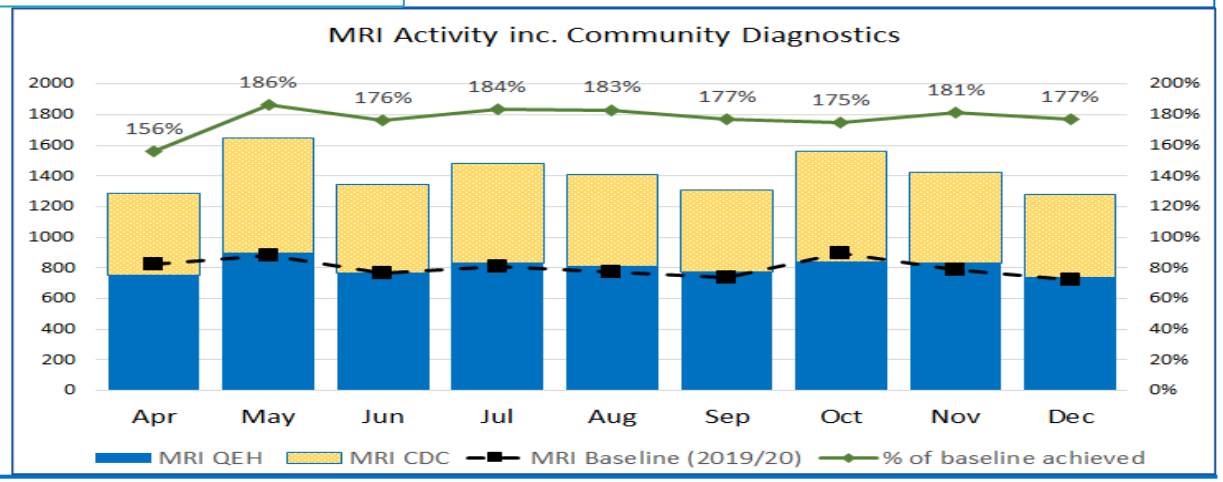
Indicative

Activity levels are inline with internally planned levels to meet waiting list requirements with the exception of echocardiology.

The activity in the graphs below include Community Diagnostic Centre* modality activity.

In December percentages of activity delivered were 177% for MRI and 172% for CT. Year to date 177% for MRI and 166% for CT.





Maximum 6-week wait for diagnostic procedures

Responsive

NHS Gateshead Health NHS Foundation Trust

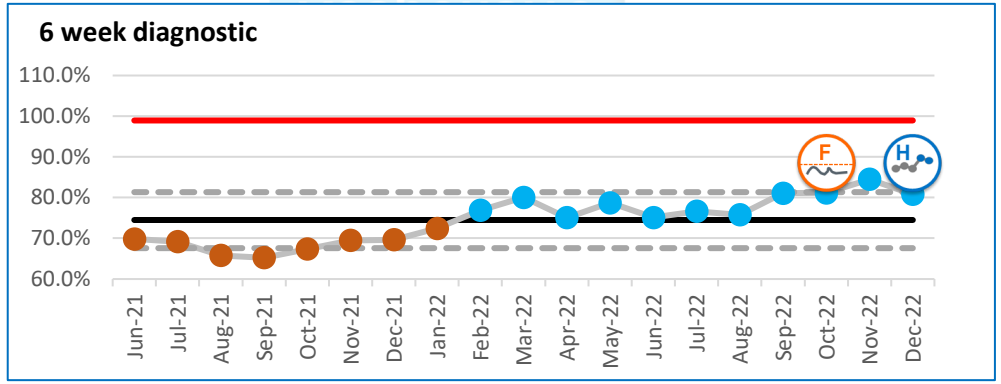
NHSI SOF Operational Performance & National Operational Standard

1. Number of patients waiting on a diagnostic WL at month end.
2. Number of patients waiting on a diagnostic WL at month end waiting greater than 6 weeks
3. % patients waiting 6 weeks or more for a diagnostic test at month end (target -1% moving to 5% by March 2023)
4. Number of diagnostic tests/procedures carried out in month

Trust's Diagnostic performance:

- Performance 80.8% in December, a reduction from 84.5% in November
- Overall Trust performance remains below 95% target,
- December performance slightly below latest NENC average of 83.6% (Nov 22) but continues to exceed the latest national average of 73.1% (Nov 22)
- In December 7 out of 12 specialities achieved the 95% target, a reduction from 9 in November
- Numbers waiting for a diagnostic test reduced from 5399 in November to 4855 in December
- However the number of patients waiting >6 weeks increased from 837 in November to 931 in December
- Echocardiography and Audiology continue to contribute to risk in achieving this standard
- Audiology performance falling to 42.2% from 52.0%, with the overall number of waiters reducing from 712 to 674, however 6 week + waiters increasing from 342 to 389
- Audiology improvement trajectory plans for standards to be achieved in Summer 2023
- Echo also noted fall in overall performance from 52.2% to 42.5%. While the overall number of waiters once again reduced in month from 967 to 826, those waiting 6 weeks or more increased slightly from 463 to 475
- Echocardiography recovery plan aims to recover the long waiters by February 2023, to date September and October target was been achieved, however November and December was below target

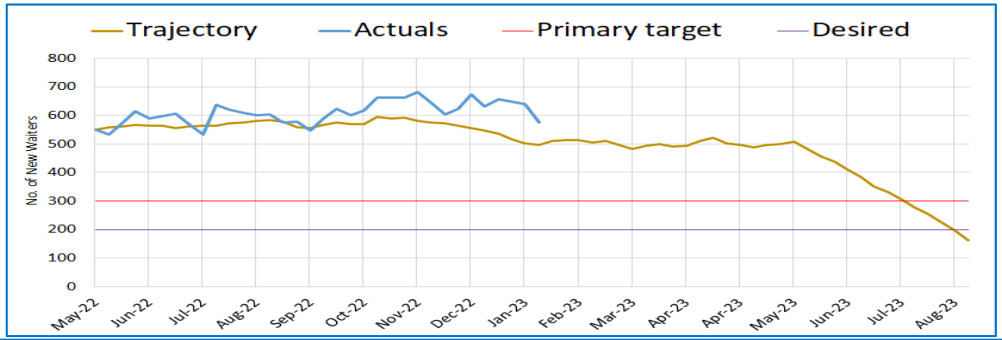
Diagnostic waiters <6 weeks	95 % Standard									Trend
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
Trust Total	75.1%	78.7%	75.1%	76.6%	75.8%	81.1%	81.2%	84.5%	80.8%	
Barium Enema	98.3%	100.0%	98.4%	100.0%	96.6%	97.6%	100.0%	100.0%	100.0%	
CT	99.4%	99.5%	99.0%	99.6%	99.5%	99.8%	99.5%	99.3%	98.9%	
MRI	96.7%	97.6%	99.6%	99.2%	98.0%	98.9%	99.3%	98.4%	95.4%	
Non-Obstetrc Ultrasound	89.9%	99.6%	99.0%	99.2%	98.5%	99.3%	99.3%	99.6%	99.6%	
Audiology	56.7%	57.1%	55.5%	57.2%	57.6%	54.9%	48.9%	52.0%	42.2%	
Urodynamics	86.7%	90.0%	88.2%	100.0%	100.0%	95.2%	96.0%	97.4%	90.7%	
Colonoscopy	95.6%	97.7%	98.7%	94.8%	96.2%	96.2%	94.5%	98.2%	93.5%	
Flexi-Sig	94.3%	93.5%	97.7%	100.0%	98.2%	97.5%	100.0%	98.2%	94.5%	
Gastroscopy	95.0%	96.8%	98.1%	98.4%	98.2%	98.3%	96.9%	97.5%	95.5%	
Dexa	97.2%	97.9%	98.8%	99.2%	98.3%	97.7%	98.0%	99.0%	98.5%	
Echo Cardiology	32.6%	38.4%	30.0%	29.1%	30.1%	39.1%	42.7%	52.2%	42.5%	
Cystoscopy	83.5%	85.7%	89.6%	94.2%	96.7%	97.8%	100.0%	100.0%	97.1%	



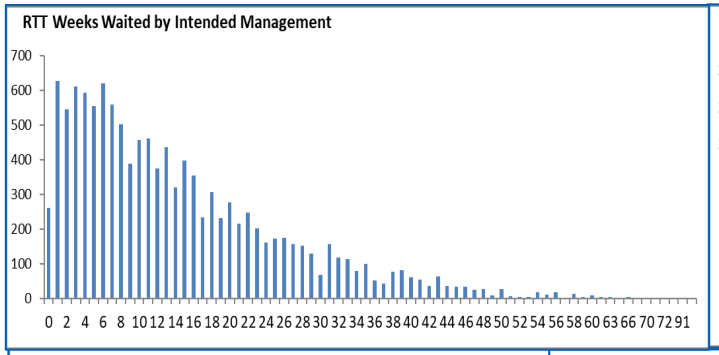
Echocardiography 6 Week Performance Recovery Trajectory:

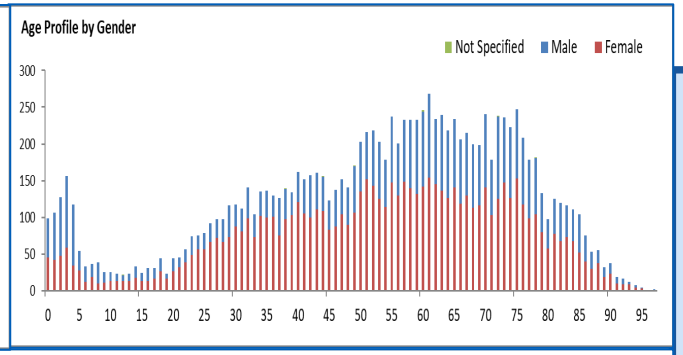
	ECHO	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Projection	Total waiting List (projection)	1328	1294	1143	828	646	499	450
	> 6 weeks	925	744	505	194	62	5	4
	% within 6 weeks	30.3%	42.5%	55.8%	76.6%	90.4%	99.0%	99.1%
Actual	Total waiting List	1183	1028	967	826			
	> 6 weeks	721	589	463	475			
	% within 6 weeks	39.1%	42.7%	52.2%	42.5%			
	Difference to projection (%)	8.7%	0.2%	-3.6%	-34.1%			
	Met recovery trajectory	Yes	Yes	No	No			

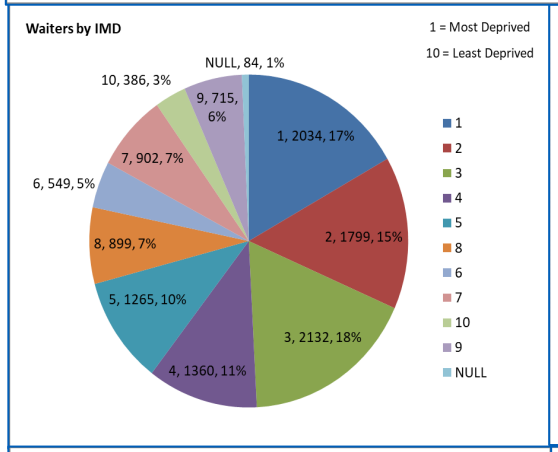
Audiology Recovery Trajectory:

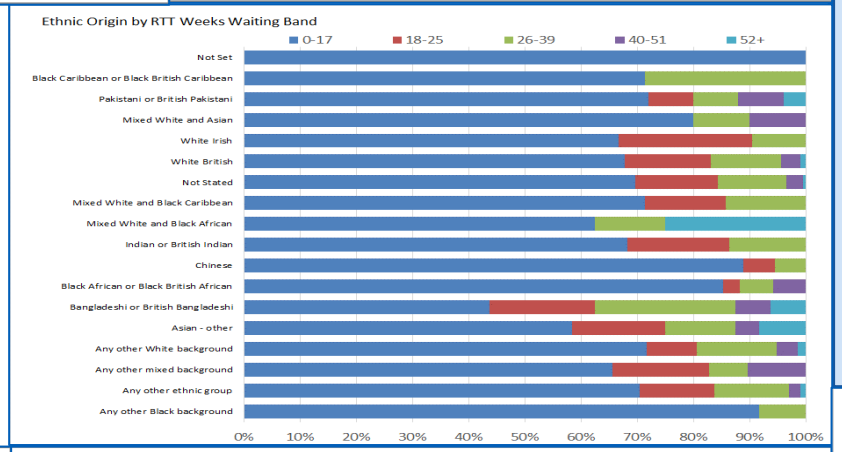


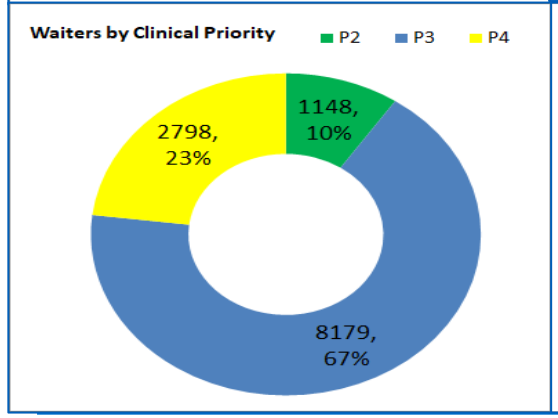
Health Inequalities Data: RTT Waiters (December 2022)

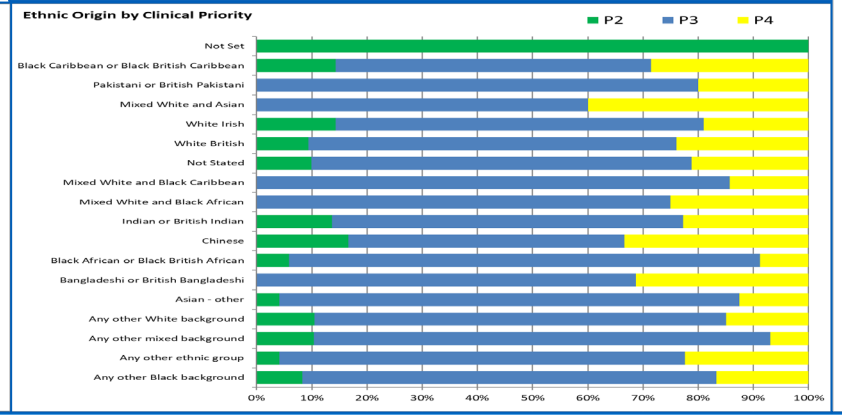






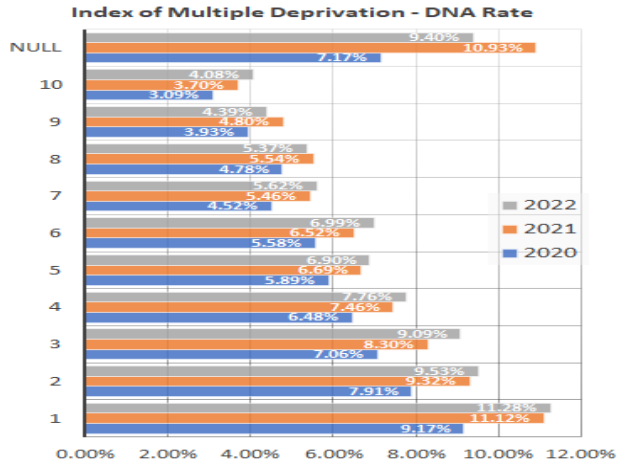






gender | IMD | ethnicity | DNA's

- 61% waiters are female / 39% male
- 41% of waiters are aged 60 and over (largest individual age group 61-70 18.5%)
- 17% of waiters live in the most deprived areas, while only 3% in the least deprived
- 73% of waiters are registered as White British (23% are unknown/not stated)
- Length of waits differ slightly by ethnicity, with around 67% of waiters registered as white British waiting under 18 weeks compared to 71% of for other ethnicities combined.
- 66.7% of waiters registered as White British are P3, this compared to 74.3% of for other ethnicities combined. However 23.9% of waiters registered as White British are P4, this compared to 18.5% of for other ethnicities combined.
- DNA rates have increased since the start of the pandemic. Patients from the most deprived areas have the highest DNA rates (11% latest data), with rates reducing as deprivation rank increases (chart below)



NHS Gateshead Health NHS Foundation Trust

Performance Monitoring & Assurance

Data and intelligence has a crucial role in supporting and informing the development and delivery of Health Inequality plans. Recognising that good quality data is vital to understanding and improving health and care outcomes for the whole population. Plans to develop include:

- Continue to expand our current reporting arrangements to include a comprehensive set of DQ measures covering: quality, completeness and scope across multiple datasets. Highlighting data issues and gaps to prioritise improvement.
- Continue to develop regular (monthly /quarterly /annual) reporting which will bring together existing and developing (local & national) measures of health inequality covering deprivation, sex, age and ethnicity. These reports will service to signpost and highlight key messages – whilst evidencing change.
- Develop BI dashboards to empower operational teams in support of Access requirements
- Quantify and report on the impact of actions to reduce health inequalities.
- Explore investment opportunities in wider systems such as Population Health Management PHM to explore opportunities beyond reporting activity based reporting and move into access and outcome measures to support local discussions to promote equality and reduce health inequalities to enable informed health decisions and actions.

Referral to Treatment

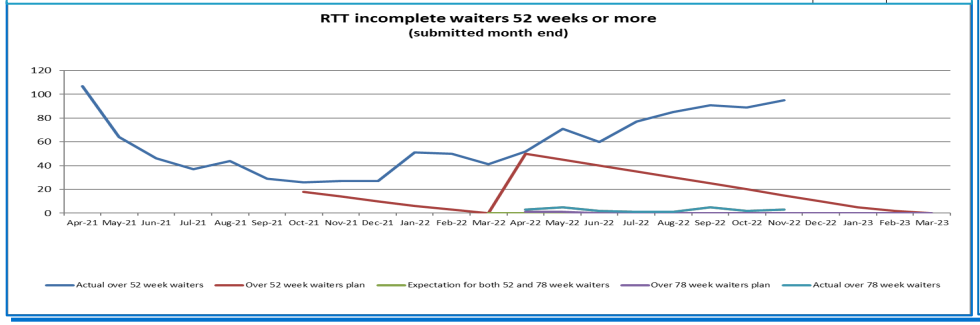
Responsive

Gateshead Health NHS Foundation Trust

RTT % Within 18 weeks (92%)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Monthly Trend
Trust	74.2%	75.9%	76.3%	75.8%	75.1%	74.3%	73.4%	72.1%	68.6%	
General Surgery	79.5%	80.4%	79.0%	75.8%	78.0%	79.8%	79.0%	78.6%	73.0%	
Gynaecology	72.8%	77.3%	80.8%	80.2%	78.0%	81.7%	80.5%	78.8%	77.2%	
Trauma & Orthopaedics	64.2%	66.7%	67.0%	66.2%	64.0%	63.2%	62.6%	61.7%	57.6%	
Urology	77.7%	78.2%	73.3%	74.8%	75.5%	77.5%	76.2%	75.2%	69.9%	
Paediatrics	76.3%	74.6%	74.8%	73.3%	69.6%	68.5%	69.1%	68.1%	66.9%	
Cardiology	76.5%	78.7%	76.4%	74.5%	72.0%	69.6%	71.2%	71.6%	70.6%	
Gastroenterology	72.7%	78.1%	87.7%	90.0%	88.4%	80.8%	77.2%	71.5%	67.1%	
General Medicine	64.0%	78.1%	75.0%	86.2%	95.0%	76.9%	88.9%	88.9%	81.8%	
Geriatric Medicine	87.3%	91.2%	95.4%	89.7%	88.6%	89.1%	86.8%	83.4%	78.2%	
Respiratory Medicine	68.9%	69.1%	66.2%	65.2%	67.8%	64.4%	60.9%	66.8%	63.8%	
Rheumatology	83.5%	84.3%	80.1%	81.0%	83.6%	82.6%	83.2%	78.9%	75.8%	
Other	75.3%	73.3%	72.2%	71.9%	70.6%	69.2%	69.2%	67.2%	65.3%	

Number of 52 week waiters (at month end)

Waiters at month end		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Trend
Total Waiters	Actual	11336	11542	11604	11949	12244	12430	12837	12715	12593	
52w waiters	Plan	50	45	40	35	30	30	20	15	10	
	Actual	52	71	58	77	81	91	89	95	99	
General Surgery	Actual	13	12	8	12	10	17	10	13	16	
Gynaecology	Actual	7	2	1	2	1	2	0	1	0	
Trauma & Orthopaedics	Actual	16	21	25	31	28	31	17	16	16	
Urology	Actual	4	4	1	0	1	1	1	1	1	
Paediatrics	Actual	0	14	12	13	16	17	24	32	30	
Cardiology	Actual	1	0	0	3	5	2	3	1	5	
Gastroenterology	Actual	5	5	3	1	4	4	7	3	5	
Respiratory Medicine	Actual	3	4	4	7	3	9	13	14	16	
Other	Actual	3	9	4	8	13	8	14	14	10	
78w waiters	Plan	1	1	0	0	0	0	0	0	0	
	Actual	3	5	2	1	1	5	2	2	2	



NHSI SOF Operational Performance & National Operational Standard

1. Number of patients waiting on an incomplete RTT pathway at month end
2. Number of patients on an incomplete pathway waiting 18 weeks or more
3. Percentage of patients waiting < 18 weeks on an incomplete pathway (target> 92%)
4. No of patients waiting longer than 18 week

Trust's RTT performance

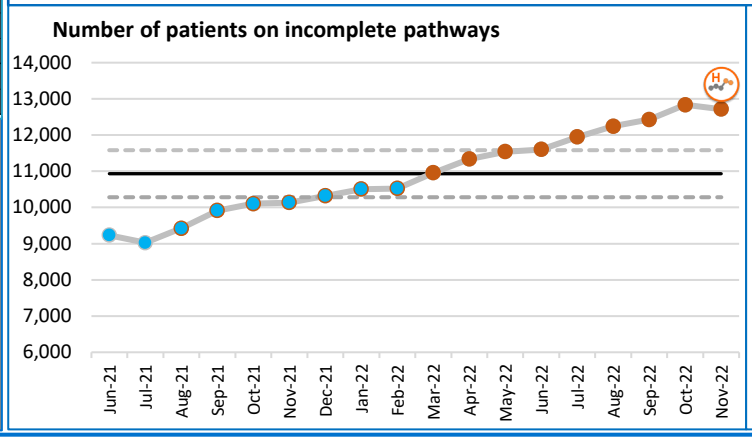
- December performance 68.6% compared with 72.1% in November, below the 92% target
- At 68.6% Trust performance continues to exceed latest national average 60.1% (Nov 22), but is slightly below ICB average of 71.2% (Nov 22)
- Total waiting list decreased from 12,715 in November to 12,593 in December
- The number of long waiters (52 weeks or more) remained above plan levels and increased slightly
- 52 week waiters increased from 95 in November to 99 in December
- 2 patients were waiting over 78 weeks end of December, both expected to receive treatment in January
- Weekly monitoring of 78 week now in place as per requirements of *Elective actions for the 78 week cohort* letter received 12/01

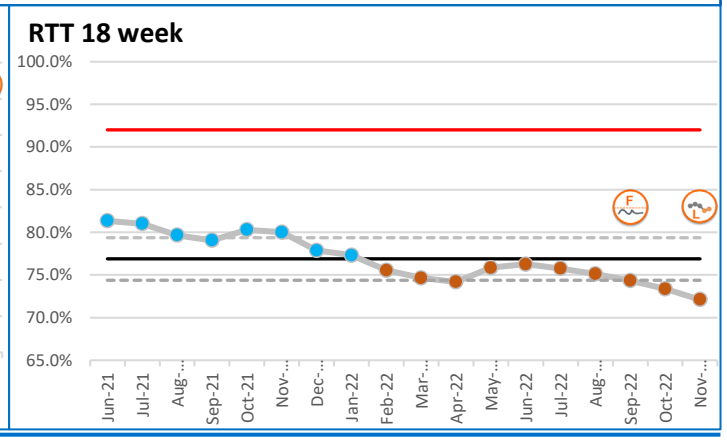
Risks: Increases in > 52 weeks over planned levels in December:

- T&O 16 (no change), Paediatrics 30 (-2), General Surgery 16 (+3), Gastroenterology 5 (+2), Gynaecology 0 (-1), Cardiology 5 (+4), Respiratory medicine 16 (+2), Other 10 (-4)

Main Risks

- Outpatient capacity to review the backlog
- Theatre capacity / Theatre workforce
- Staffing pressures / bed capacity
- Capacity/pathways for autism assessments in Paediatric 52 week patients – proposal being drafted by the ICB supported by the Trust to support an increase capacity (paper shared with Trust for comment Jan 23)





Cancer Standards - 2 Week Waits

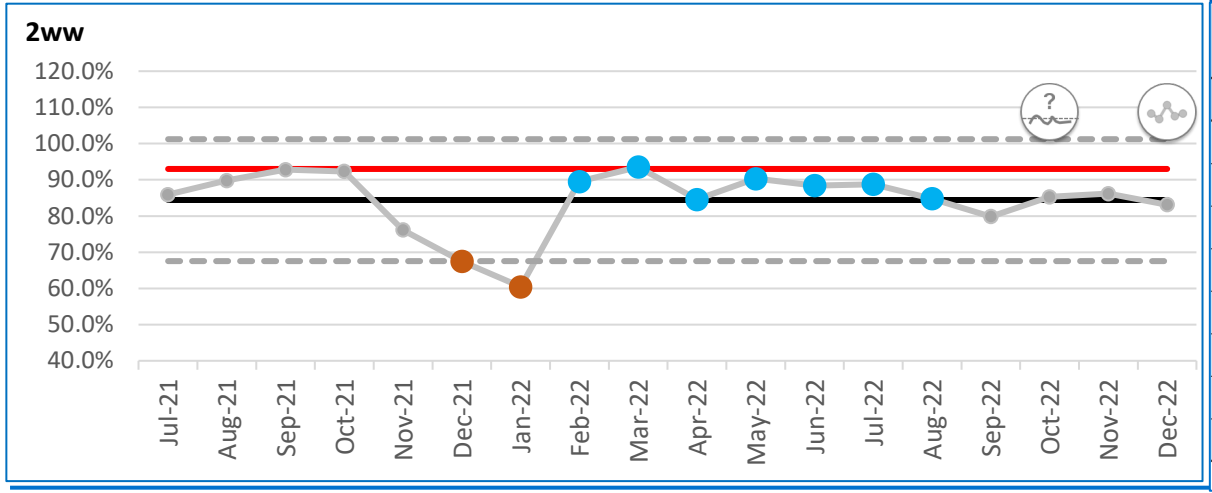
Responsive

Gateshead Health NHS Foundation Trust

NHSI SOF Operational Performance & National Operational Standard

1. No. of urgent GP referrals for suspected cancer
2. Number of patients seen after more than 2 weeks
3. % patients seen within 2 weeks

2ww performance - target 93%	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Monthly Trend
Trust	84.8%	89.4%	88.8%	89.1%	84.7%	79.9%	85.1%	86.6%	83.1%	
Breast	92.4%	97.4%	94.9%	97.0%	96.8%	93.2%	93.2%	94.8%	88.0%	
Gynae	78.3%	95.5%	89.8%	82.4%	86.4%	73.6%	85.9%	79.4%	92.7%	
Lower GI	87.4%	80.0%	82.8%	67.6%	45.8%	36.4%	42.4%	40.2%	40.2%	
Testicular	70.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	
Urology	84.2%	79.0%	71.2%	83.2%	84.4%	94.2%	93.7%	94.1%	83.8%	
Haematology	100.0%	100.0%	88.9%	100.0%	92.3%	86.7%	100.0%	100.0%	88.9%	
Lung	21.7%	43.1%	65.7%	77.4%	74.6%	47.2%	81.8%	88.6%	89.7%	
Upper GI	83.5%	82.1%	79.5%	86.5%	84.8%	74.6%	76.3%	88.9%	85.4%	
Symptomatic Breast	96.8%	97.8%	93.6%	94.5%	95.0%	90.3%	100.0%	89.7%	100.0%	
								Indicative		



Trust's 2 week wait Cancer performance

- Indicative performance for December 83.1%, a 3.5 percentage point from 86.6% in November
- 83.1% remains below the 93% target
- 83.1% continues to exceed the latest national average 78.8% (Nov 22) and NENC average 80.3% (November 22)

Tumour Update:

- Using final data for November, Breast and Testicular tumour sites exceeding the 93% target since June, Urology since September.
- Indicative figures for December suggest all sites failed to achieve 93% threshold, but expectation final figures will change
- Consistent pressure in all months for Gynae, Lower GI, Lung and Upper GI
- Activity volumes for most tumour sites in November/December higher than 19/20 levels, with the exception of lower GI

Risks

- Referral pathway management: pro-forma review, choice delays and timely capacity release
- Capacity / summer holidays and shared pathways (urology/lung)
- Outpatient capacity
- Workforce pressures across tumour groups (lung)

Volumes as a % of 2019/20 Activity	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Trust	99%	121%	125%	104%	141%	112%	119%	121%	105%
Breast	102%	122%	151%	126%	141%	122%	124%	128%	109%
Gynae	110%	141%	152%	129%	173%	162%	195%	155%	148%
Lower GI	108%	114%	89%	60%	122%	84%	69%	81%	76%
Testicular	200%	88%	38%	40%	138%	100%	100%	20%	150%
Urology	87%	132%	96%	117%	163%	132%	123%	128%	123%
Haematology	125%	144%	129%	100%	186%	136%	88%	160%	100%
Lung	98%	138%	108%	63%	158%	89%	155%	175%	85%
Upper GI	80%	100%	106%	84%	119%	79%	108%	103%	90%
									Indicative

Cancer Standards – 28 day Faster Diagnosis

Responsive

Gateshead Health NHS Foundation Trust

Trust's 28 day Faster Diagnosis performance:

- Trust has achieved 75% target all months since June 22
- Indicative performance for December is 81.3%, a 2.7 percentage point increase from 78.6% in November
- 81.3% continues to exceed the latest national average 69.7% (Nov 22) and NENC average 77.0% (Nov 22)
- October 22 was the first month the ICB achieved the 75% target as an area total, this has continued in November.
- This measure will replace the 2 Week wait in future.

Tumour Update:

- Performance risks continue across most specialties - Particular challenged specialties Gynae, Lower GI, Urology and Upper GI
- Testicular and Lung noted month on month improvement between September and November. Both continued to achieve the target in December (indicative)
- Breast and Symptomatic Breast sites exceeding the 75% target in each of the last 8 months
- Lung are the first to go-live with Best Practice Timed Pathways, Implementation of BPTP in the remaining tumour groups is underway

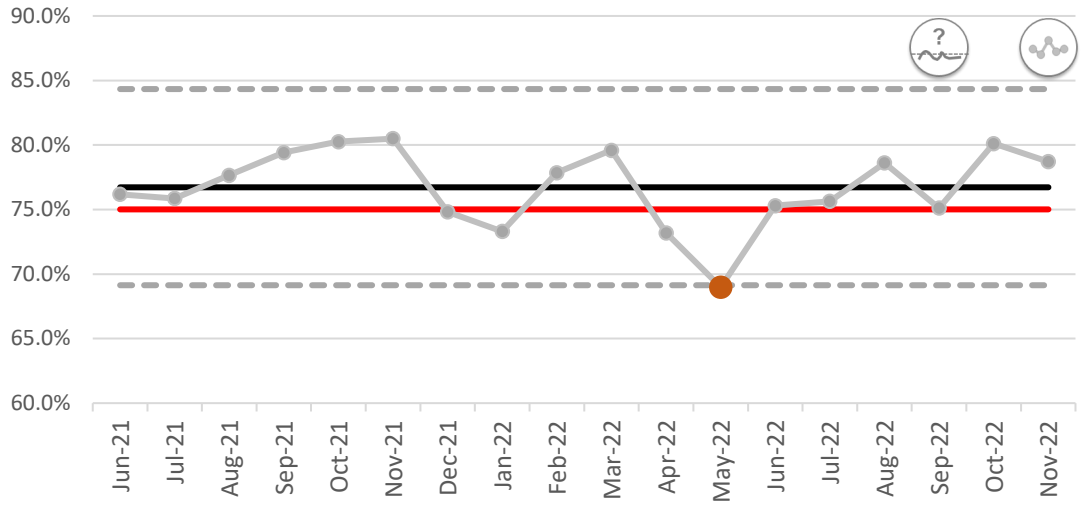
Risks

- Capacity
- Endoscopy capacity
- Shared pathways
- TP biopsy capacity (urology)

NHSI SOF Operational Performance & National Operational Standard

1. No. of patients receiving diagnosis of cancer or ruling out cancer
2. No of patients receiving communication more than 28 days after referral
3. % of patients receiving communication within 28 days of referral (target 75%)

28 day



Faster Diagnosis Standard - target 75%	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Monthly Trend
Trust	73.2%	69.0%	75.3%	75.6%	78.6%	75.2%	80.2%	78.6%	81.3%	
Breast	96.8%	96.6%	96.9%	97.7%	98.2%	97.3%	95.8%	96.8%	98.2%	
Gynae	49.1%	46.0%	59.1%	65.0%	70.3%	68.5%	61.4%	50.0%	49.4%	
Lower GI	46.0%	36.1%	42.7%	44.4%	49.7%	52.6%	53.5%	50.0%	56.4%	
Testicular	100.0%	100.0%	66.7%	100.0%	100.0%	66.7%	75.0%	100.0%	100.0%	
Urology	28.1%	27.0%	30.4%	44.4%	50.6%	65.2%	63.1%	64.9%	65.3%	
Haematology	81.8%	100.0%	87.5%	57.1%	62.5%	68.8%	28.6%	45.5%	83.3%	
Lung	36.0%	38.1%	74.5%	62.1%	80.8%	55.0%	75.6%	83.9%	77.8%	
Upper GI	53.1%	51.5%	52.5%	51.2%	53.8%	41.7%	55.1%	52.0%	55.4%	
Symptomatic Breast	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.4%	100.0%	100.0%	

Indicative

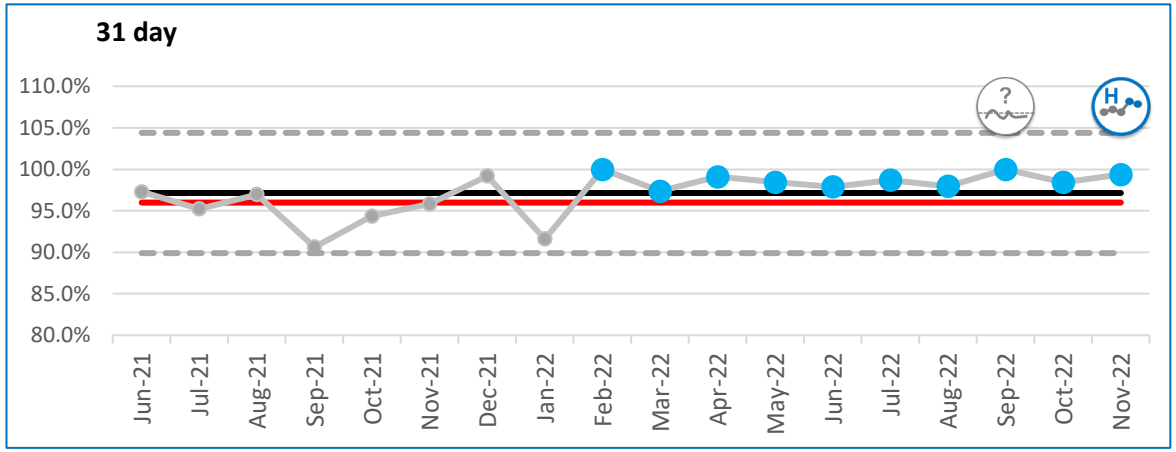
Cancer Standards - 31 Day Waits

Responsive

Gateshead Health NHS Foundation Trust

NHSI SOF Operational Performance & National Operational Standard

1. No. of patients receiving 1st definitive treatment following a cancer diagnosis
2. No, of patients receiving fist definitive treatment more than 1 month pf a decision to treat following a cancer diagnosis
3. % of patients receiving 1st definitive treatment within 1 month of a DTT following a cancer diagnosis > 96%
4. Patients receiving surgery (94%) or drug treatment for cancer within 31 days (98%)



Trust's 31 day cancer performance:

- Trust has exceeded the 31 day standard every month this year
- Trust's Cancer performance for December is 96.4% (indicative) against the 31 Day standard, with the Drug and Surgery subsequent treatment just below standard
- 96.4% continues to exceed the latest national average 91.6% (Nov 22) and NENC average 90.7% (Nov 22)
- **NOTE:** October and November data is indicative and is subject to change following sharing of information between Trusts and breach data being confirmed across pathways

Tumour Update:

- Nearly all tumour sites have achieved the target in the last few months

Risks

- Capacity / shared pathways
- Theatre workforce pressures
- Gynaecology – supporting ICS wide cancer treatments

31 day performance - target 96%	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Monthly Trend
Trust	99.1%	98.5%	97.9%	98.7%	98.0%	100.0%	98.4%	99.4%	96.4%	
Breast	97.7%	100.0%	100.0%	100.0%	98.6%	100.0%	100.0%	100.0%	100.0%	
Gynae	100.0%	92.6%	89.3%	94.1%	95.2%	100.0%	100.0%	100.0%	100.0%	
Lower GI	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	87.5%	100.0%	75.0%	
Urology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Haematology	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Lung	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Sarcoma	100.0%	NA	100.0%	NA	NA	NA	NA	NA	100.0%	
Upper GI	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	33.3%	
Other	NA	100.0%	NA	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
								Indicative		
Susequent Treatments	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**	**Monthly Trend**
Surgery	94.7%	100.0%	100.0%	93.8%	100.0%	96.0%	97.1%	100.0%	94.4%	
Drug	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	
								Indicative		

Volumes as a % of 2019/20 Activity	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Trust	91.1%	100.8%	123.5%	106.3%	118.4%	101.6%	87.0%	120.8%	71.9%
Breast	85.7%	0.0%	126.8%	111.8%	147.9%	91.5%	82.8%	125.9%	89.7%
Gynae	76.0%	112.5%	0.0%	100.0%	75.0%	91.7%	92.6%	147.4%	77.8%
Lower GI	114.3%	55.6%	115.4%	114.3%	92.3%	107.1%	94.1%	0.0%	44.4%
Urology	100.0%	190.9%	158.3%	138.5%	175.0%	160.0%	200.0%	233.3%	150.0%
Haematology	128.6%	0.0%	66.7%	66.7%	80.0%	71.4%	85.7%	180.0%	0.0%
Lung	86.7%	140.0%	0.0%	0.0%	50.0%	0.0%	50.0%	84.6%	20.0%
Upper GI	122.2%	0.0%	166.7%	133.3%	333.3%	300.0%	40.0%	27.3%	16.7%
									INDICATIVE

Cancer Standards - 62 Day Waits

Responsive

NHS Gateshead Health NHS Foundation Trust

Trust's 2 62 day cancer performance

- Performance reduced to 61.1% in December (indicative), from 67.1% in November
- Final performance November continues to exceed the latest national average 61.0% (Nov 22) and NENC average 61.0%% (Nov 22). December indicative performance inline with these averages.
- **The Trust reported 59 patients waiting over 62 days on a 2ww classic pathway (7.7% of the total waiters on a 62 day 2ww classic pathway) (127 on all pathways (14.1% of total waiters)).**
- Within the operational guidance 'Systems are being asked to plan to restore >62-day backlogs to the relative backlog using urgent suspected cancer referral volumes seen in Q3 2019/20 compared to the overall national backlog for the w/e 16th February'; for Gateshead this was a position of 55 however due to the pressures supporting the ICS the Trust submitted a plan of 55 at December 2022, reporting 59 for the month, an increase of 16 from November, the plan has been met.
- The number of long waits (>104 days) on a 62 day (2ww) pathway at the end of December had increased to 11 patients (1.4% of total waiters on a 62 day 2ww classic pathway) (23 on all pathways (2.5% of total waiters).

Tumour Update:

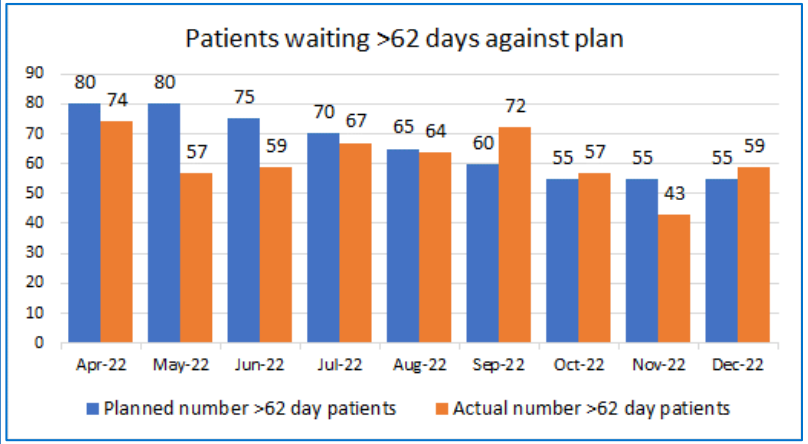
- Performance Risks across all specialties to achieve 85%, with the exception of Lung and Other
- Monthly positions are variable but particularly challenged specialties continue to be Gynae, Lower GI, Upper GI and Urology

Risks

- Capacity / shared pathways (urology/lung)
- Theatre capacity
- Staffing

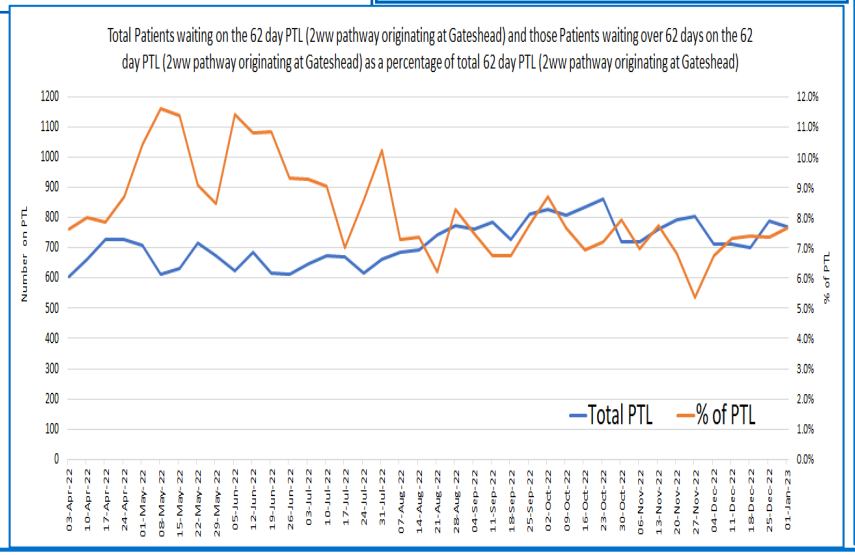
NHSI SOF Operational Performance & National Operational Standard

1. No. of patients receiving 1st definitive treatment for cancer following an urgent referral for suspected cancer/NHS Screening/Consultant upgrade
2. No of patients receiving 1st definitive treatment for cancer 62 days or more following an urgent GP referral for suspected cancer/NHS Screening/Consultant upgrade
3. % of patients receiving 1st definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer (target 85%)
4. No. of patients receiving 1st definitive treatment 104 days or more



62 day performance - target 85%	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Monthly Trend
Trust	67.2%	34.5%	53.6%	63.2%	56.7%	70.5%	58.2%	67.1%	61.1%	
Breast	93.3%	91.7%	81.1%	96.6%	78.7%	85.7%	81.1%	80.0%	75.0%	
Gynae	44.4%	4.2%	20.0%	54.2%	50.0%	53.8%	36.8%	52.4%	72.7%	
Lower GI	NA	0.0%	53.3%	16.7%	50.0%	46.2%	40.0%	20.0%	0.0%	
Urology	13.6%	20.0%	22.2%	21.4%	32.6%	53.3%	45.8%	62.2%	27.3%	
Haematology	80.0%	66.7%	75.0%	NA	100.0%	0.0%	57.1%	90.9%	NA	
Lung	54.5%	30.0%	40.0%	42.9%	61.5%	88.2%	80.0%	85.7%	71.4%	
Sarcoma	100.0%	NA	100.0%	0.0%	NA	NA	0.0%	0.0%	0.0%	
Upper GI	100.0%	NA	100.0%	57.1%	0.0%	60.0%	66.7%	0.0%	NA	
Other	100.0%	NA	100.0%	100.0%	100.0%	100.0%	100.0%	NA	NA	

Indicative



Cancer - Patients waiting more than 62 days									
63 to 104 days	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Breast	4	2	1	7	4	2	4	2	3
Gynaecological	15	4	11	5	11	17	14	12	17
Haematological	8	4	1	3	0	2	2	1	0
Lower Gastrointestinal	5	3	6	6	8	12	3	5	7
Lung	4	6	1	3	4	2	8	5	4
Upper Gastrointestinal	7	8	6	11	16	12	9	5	8
Urological	14	17	26	15	12	11	6	4	8
Other	1	1	0	0	0	0	0	0	1
63 to 104 days total	58	45	52	50	55	58	46	34	48

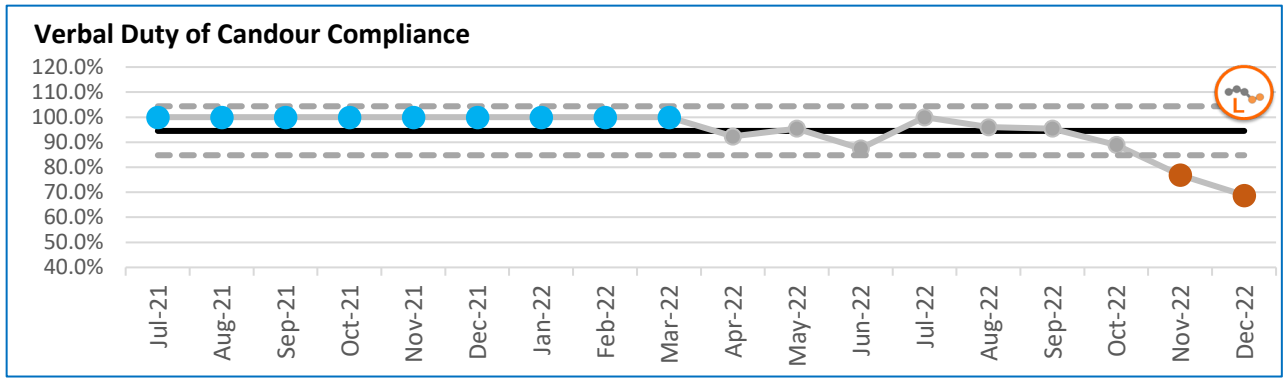
Over 104 days	April	May	June	July	July	Sept	Oct	Nov	Dec
Breast	1	1	0	0	1	1	0	0	0
Gynaecological	7	3	1	3	1	4	3	3	2
Haematological	2	2	0	1	0	0	1	0	1
Lower Gastrointestinal	0	1	0	1	1	1	3	1	2
Lung	2	1	1	1	1	1	0	3	0
Upper Gastrointestinal	0	0	1	1	4	7	1	1	4
Urological	3	3	3	9	1	0	3	1	2
Other	1	1	1	1	0	0	0	0	0
Over 104 day total	16	12	7	17	9	14	11	9	11
Total No. Patients	74	57	59	67	64	72	57	43	59

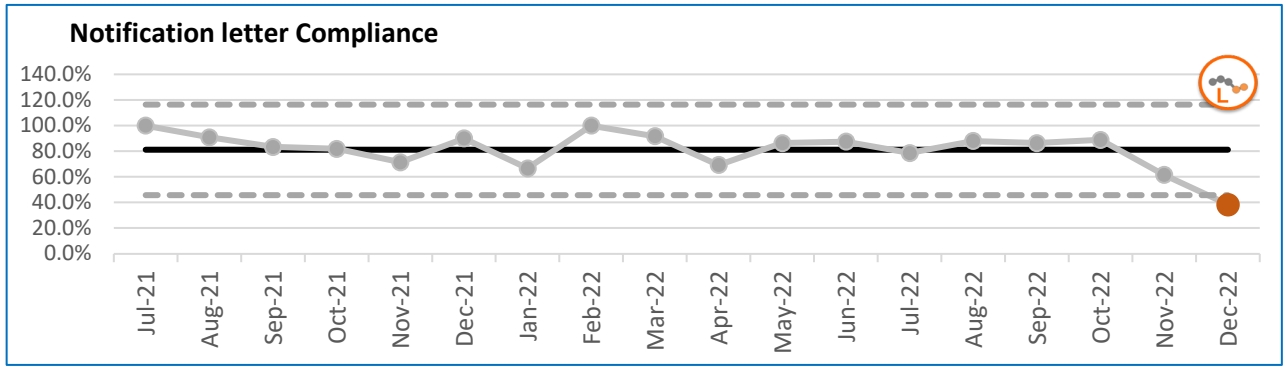
Report by exception: Responsive – Duty of Candour Compliance

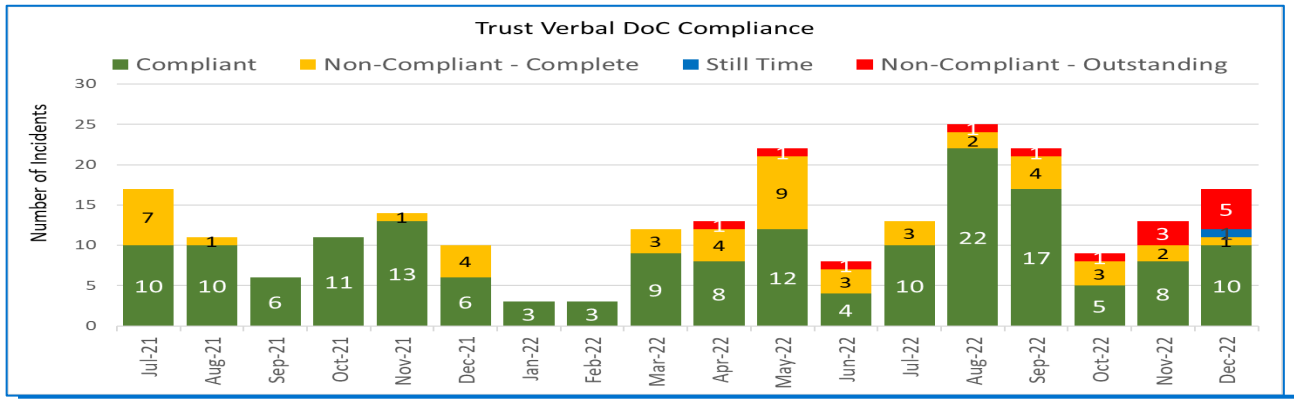
Detail on this measure is included as special cause variation (low) is identified in December 2022

Responsive

Gateshead Health NHS Foundation Trust







Situation

- Verbal Duty of Candour compliance is displaying special cause variation for concern for December 2022.
- Notification letter compliance is displaying common cause variation in December 2022.

Background

- Duty of Candour (DoC) is governed by the Health and Social Care act 2008 (Regulated Activities) Regulations 2014: Regulation 20.
- Verbal Duty of Candour (stage 1): Regulation 20 and underpinning statute, stipulates that an individual (or other appropriate person) must be notified "as soon as reasonably practicable" after a notifiable patient safety incident has occurred. Notifiable is further defined as requiring three criteria to be met in the reasonable opinion of a health care professional. Once determined as notifiable, the enactment should occur verbally within 10 working days. Current Trust processes for DoC require review to ensure consistent compliance with defining notifiable patient safety incidents, as within the current process there is potential for enacting DoC on non-notifiable incidents which should be managed under 'Being Open' professional duty only.

Assessment

- Duty of Candour depicted here shows compliance with the DoC section completion in the DATIX system. Verbal DoC is now to be recorded from the date of the incident being agreed as a notifiable patient safety incident.
- For December 2022 - there are six incidents that currently show that verbal DoC needs to be enacted, however, one of these is a safeguarding concern (not a patient safety incident). One of these was discussed at Safety Triangulation Group on 9th January, so the verbal DoC will not be overdue until after 20th January 2023. And four are overdue. These have been followed up by the Legal Team.
- There are 8 outstanding Notification letters from incidents in December 2022; one incident was only confirmed at STG on 9th January 2023 and so is still in time. The Legal Team have followed up on these outliers.

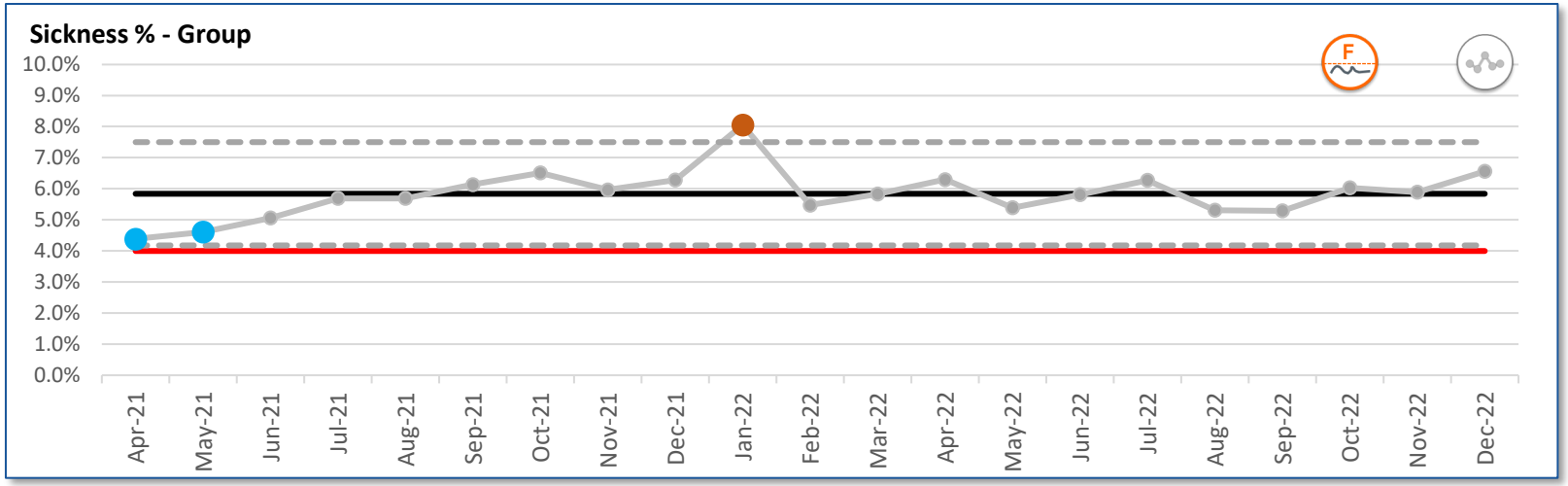
Actions

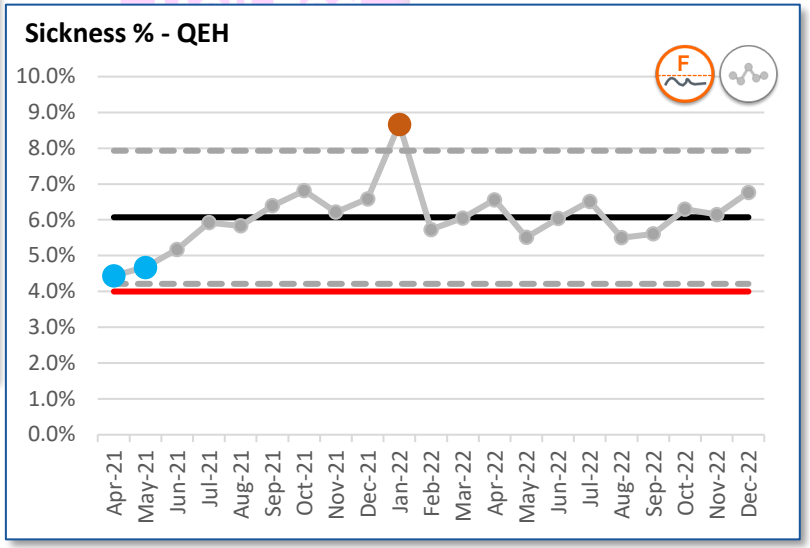
- The DoC allocation responsibility within the DATIX system often sits with Matrons and SLM's and not the attending clinicians or those involved with the incident.
- There are some identified themes in relation to the overdue notifications which are being addressed.

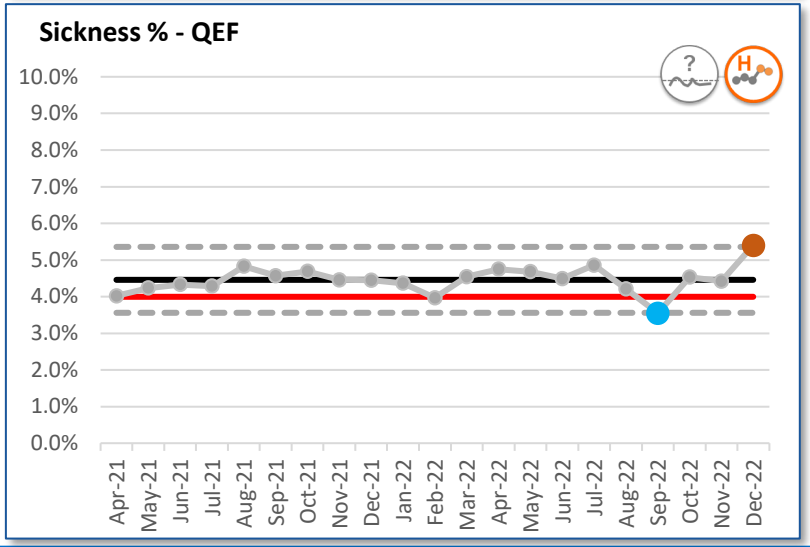
Sickness Absence

Well Led

NHS Gateshead Health NHS Foundation Trust







What is the data telling us?

Absence rates increased between November and December 2022. This is reflective of the usual trend heading into the winter period.

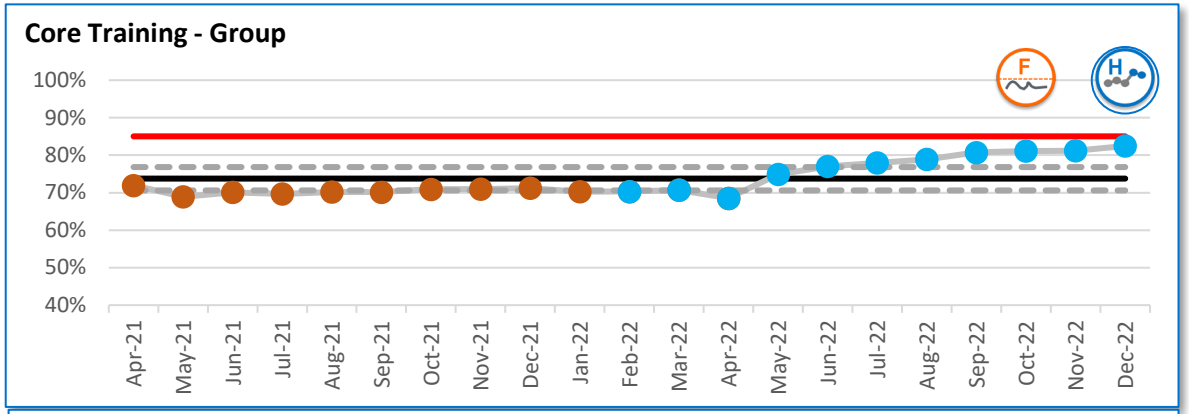
What is our plan and expected impact?

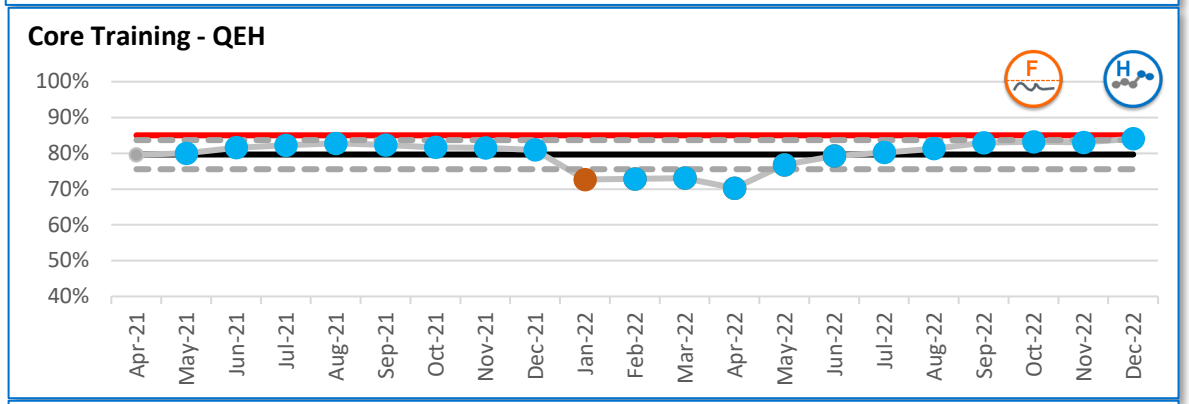
- Our plan remains the same.
- The new Promoting and Supporting Attendance Policy was agreed at JCC and LNC and launched on the 01st June 2022. There has been a further refresh to the policy in July/Aug 2022 signed off by JCC and LNC. The updates aim to achieve a more streamlined and robust management of cases, earlier identification of support to maintain attendance and prevent absence occurring and ultimately a reduction in sickness absence.
- Following a collective leadership and engagement piece of work we have now commenced a focused piece of work in respect of Short Term Absence from 1st November 2022 through to 31st January 2023. The outcome of such will be reviewed in February 2023.
- Due to the focused piece of work case numbers identified are of high volume, Work is ongoing within POD Advisory to shape this direction and work through the cases. The high volume is higher than anticipated.
- Monthly sickness absence reporting continues and is shared with the Business Units. POD are continuing to support managers to engage with the refocused collective leadership approach.
- We begin to move to monthly LTS clinics in January 2023 within the Business Units and work with our stakeholders and intelligence to align appropriate absence management targets for our LTS Cases.
- Professional Absence Management training continues to be provided by Capsticks. A new suite of dates is to be published for January up to end of March 2023. We have commissioned a separately designed bespoke training session which will be delivered mid to end of February 2023. These sessions are specifically for Matrons and SLMs within the BU's and will be held on site at QEH.
- The Trust SMT are cited on all of the actions around Promoting and Supporting Attendance and a paper for consideration to mandate absence management training is going to SMT at the end of December. Mandating the training was not agreed however a commitment from our SMT was given to support the release of managers to attend the training.

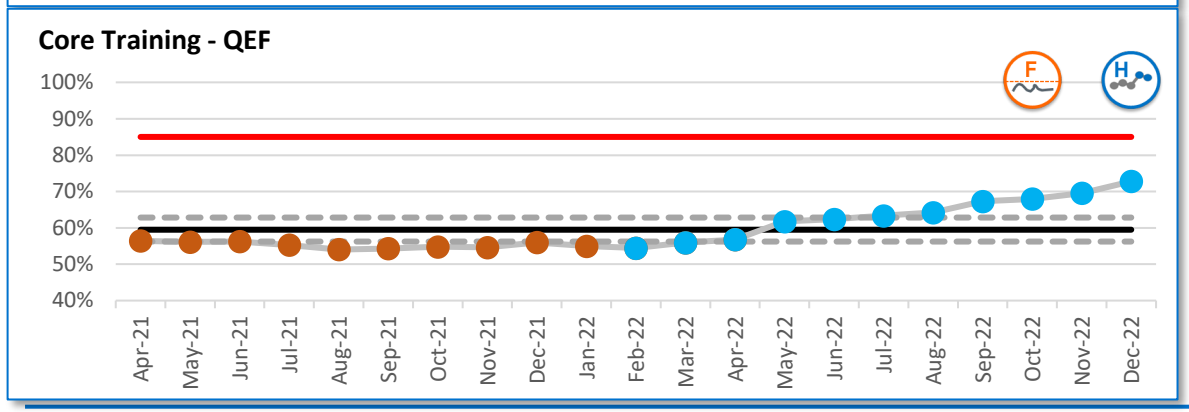
Core Training

Well Led

NHS Gateshead Health NHS Foundation Trust







What is the data telling us?

- A further overall increase in compliance with a whole group compliance figure of 82.5% % against an 85% target.
- QEF currently have a compliance level of 72.8% against the 85% target, which is a further almost 3% increase on the last metrics report. Managers are aware that significant work is required to improve that position, however this is a positive improvement since the last report. There is a plan in place for additional space for QEF staff to increase compliance.
- The trust only has increased to 84.1%. . We will continue to work with business units to increase compliance and provide support around ESR.
- The topics that remain under compliance targets and provide a level of risk are-Moving and handling level 2, Level 2 and 3 PMVA, Safeguarding level 3 topics and Information Governance.
- PMVA training will remain a risk until further staff have completed the training. Dates have now been made available and staff are booking on to attend so there should continue to be sustained increases in compliance with this topic.

What is our plan and expected impact?

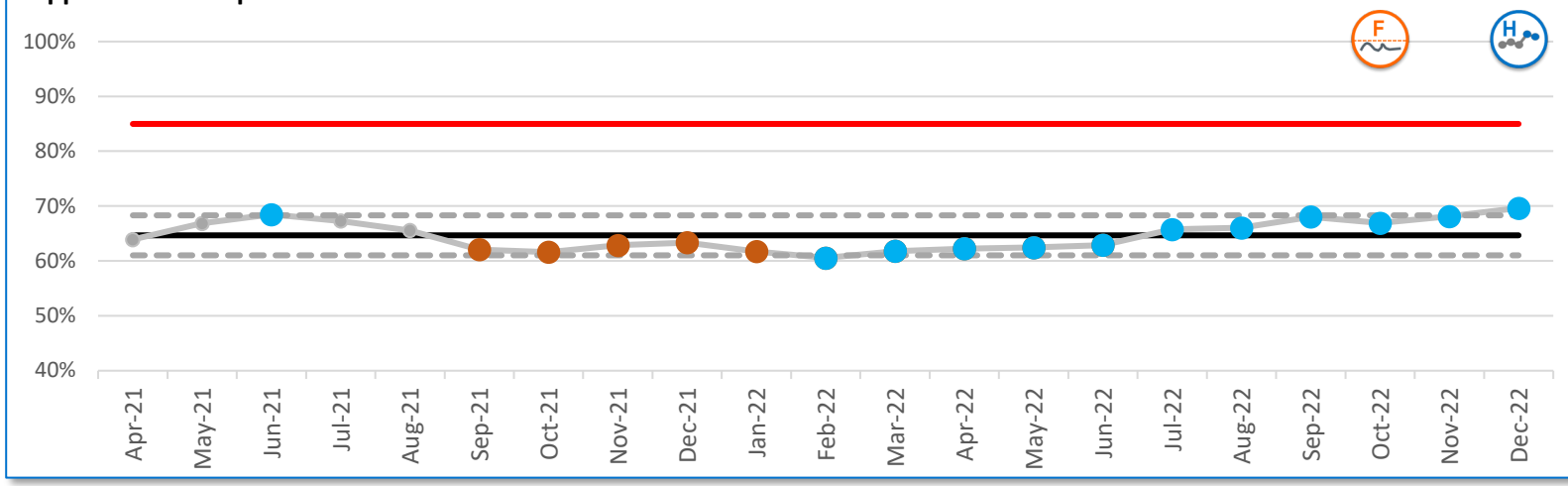
- Core skills compliance has been discussed at SMT, escalated to Executive Team and discussed at recent oversight meetings with business units. The Core Skills review, plans and recommendations have been discussed through SMT and will implemented as agreed. The addition of a couple of the topics will see an initial reduction in overall compliance, until the staff complete the training. The recommendations are all available as e-learning therefore not relying on a further face to face session which can cause a slower increase in compliance
- Reporting has altered to ensure business units receive detailed information about their areas of concern, with all core and position topics being reported by business unit and SLM. This will also flow through SMT on a monthly basis to ensure visibility of the topics at risk.
- If Information Governance training does not meet the required standard, there is a risk the Trust will fail the Information Governance Toolkit. The Information Governance team provide regular training sessions, and reminders for staff with regards to completing their training.
- The Ergonomics training team are continuing to provide flexibility within their training in terms of providing training in evenings and within the wards to encourage up take in the training. Challenge remains around estate for delivery of the sessions, and work is on-going to scope options for a dedicated training space for the team.
- Discussions on-going re statutory training and reporting of those figures

Appraisals

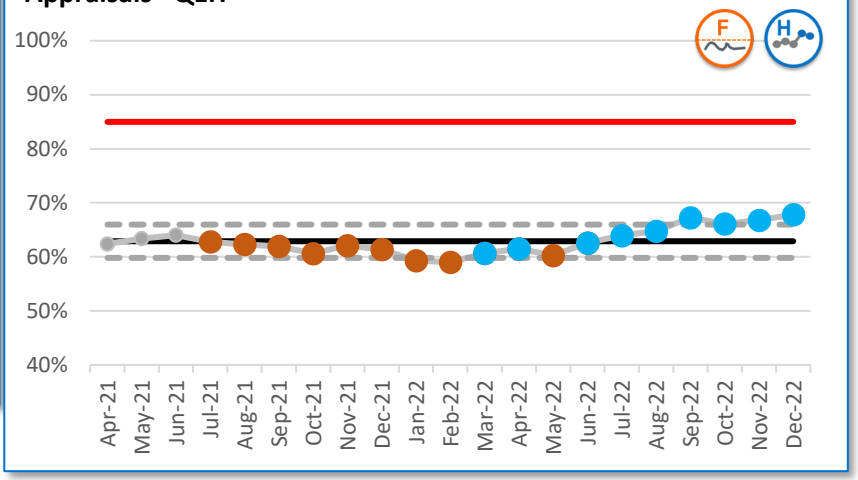
Well Led

NHS Gateshead Health NHS Foundation Trust

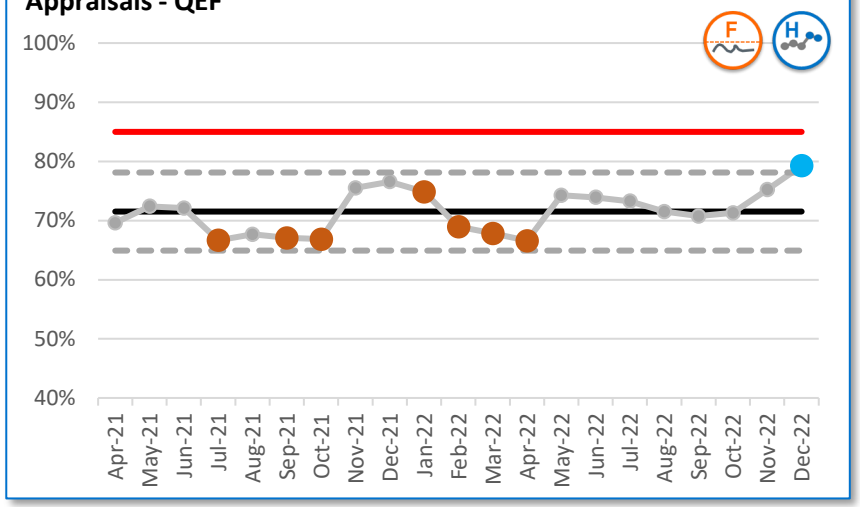
Appraisals - Group



Appraisals - QEH



Appraisals - QEF



What is the data telling us?

- The target of 85% is consistently not being achieved. The data shows that there has been an increase to 69.6% for the group, which is a 1.5 % increase since last reported. There has been a sustained improvement since May 2022 prior to the slight decrease last month. Both QEF and the trust have seen an increase in this last reporting period which is positive. Operational pressures continue to be a challenge and we are supporting areas as much as possible.
- There remain a number of areas of concern, with varying numbers of staff requiring an appraisal. Currently all business units are red or amber, with none green in terms of compliance, with the lowest areas of compliance being Nursing and Midwifery, Medicine SLM 3 and Surgery SLM 1 and 2, however the numbers vary for completions.

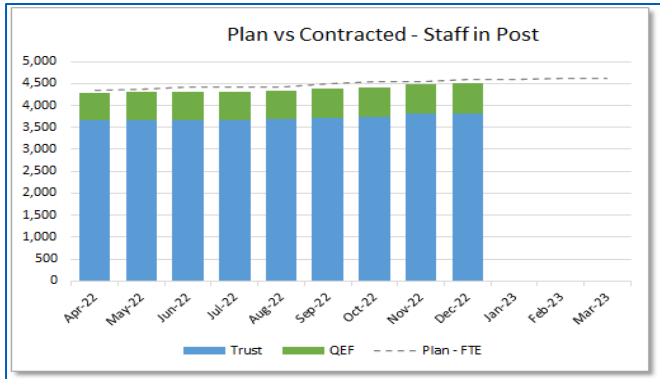
What is our plan and expected impact?

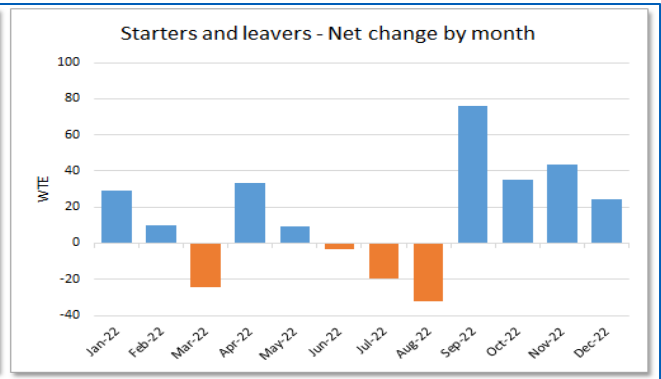
- The People and OD (POD) Leads are working with each business unit,
- directorates and teams to identify actions required to reach the required compliance levels. Additional training is being provided in areas as requested, for new appraisers and refresher training to ensure people are comfortable with the current process. The quarterly oversight reviews are making sure that appraisal compliance remains high on the agenda, and our colleagues in POD are supporting in any way possible.
- The teams in POD have supported with inputting appraisals in areas requesting support to ensure we have the most accurate data possible. The matrix teams are working with the business units to ensure all appraisals are booked in.
- The renewed policy has been ratified, with the new appraisal form released. A simple ESR logging process will be introduced alongside this to ensure we have the most up to date information possible within the system. Additional training re appraisal has been offered and delivered to multiple business units, simple how to guides have been developed and will be rolled out again.

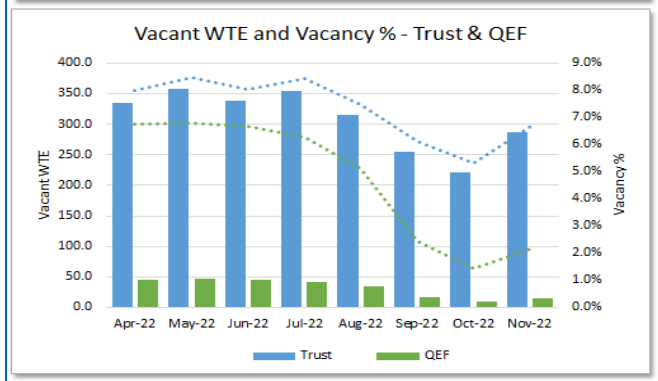
SIP, Vacancies, Agency Spend

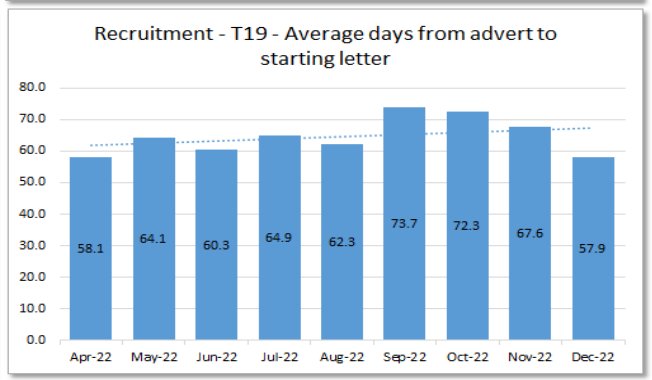
Well Led

NHS Gateshead Health NHS Foundation Trust







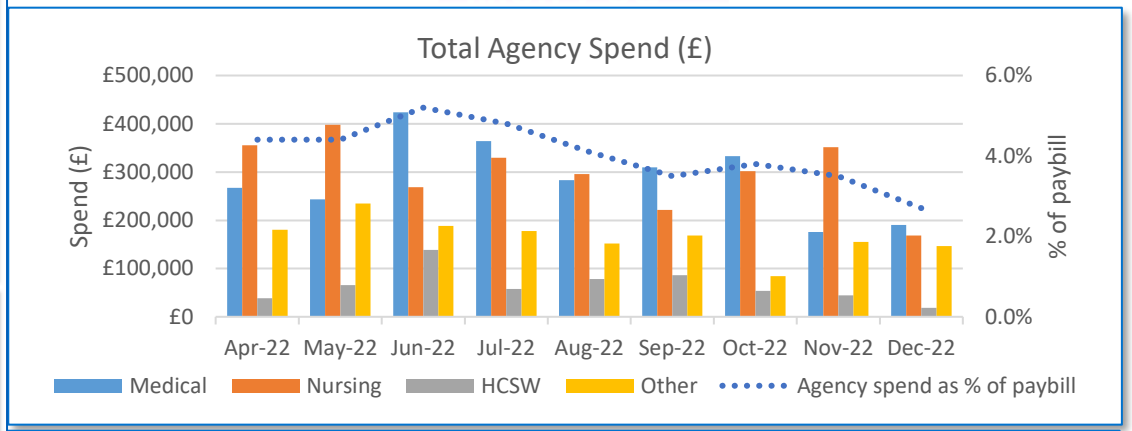


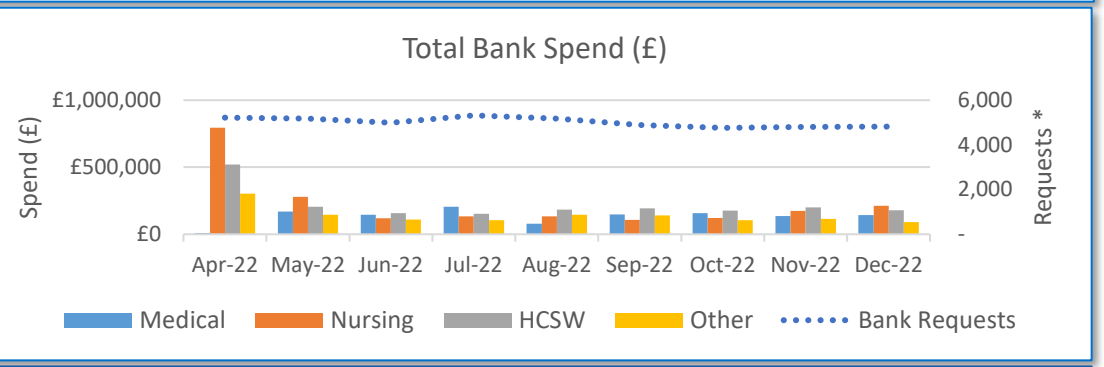
What is the data telling us?

- FTE has continued to increase, increasing by 160 in the last 3 months. Trust vacancy rates have increased from October to November due to an increase in budget for winter.

What is our plan and expected impact?

- Supply continues to be our core priority and we continue to both actively recruit whilst also focus on a range of retention initiatives. Domestic and international recruitment have been identified as a workstream within The Nursing Workforce Group. Medical Workforce vacancies are to be discussed/actions identified at the monthly Medical Workforce Group. 4 cohorts of international nurse recruits have arrived at the trust and a further bid has been submitted to NHSE/i to bring additional numbers in early 2023.
- The People Analyst continues to lead on analysing people data, identifying patterns and trends. Meetings with Medicine and Surgery Business units have been held with POD, Ops and Nursing Colleagues to discuss recruitment and retention strategies and understand if additional support is required.
- The Time to hire metric used by the Trust is Advertising Start Date to Starting Letter (T19 report). The data covers all posts that are being processed by the recruitment team, including Medical posts, Non-medical posts, Volunteers and Bank staff. The only staff not included in the data are those who have been recruited by Yeovil Hospital. Given the variety of posts included, there are factors that can impact on this metric for various roles. For example, Medical posts are advertised for 4 weeks, which is longer than non-medical posts which typically are advertised for 1-2 weeks. This metric does not include the time taken to authorise the vacancies on Trac, nor does it include the time from starting letter (Checks complete) to when someone starts employment with the Trust.





What is the data telling us? *Bank requests include all requests via Health Roster

- Registered Nurse Bank use increased in December, HCSW use of bank reduced and Medical Bank use remained static. The agency spend continues on a downward trajectory, however we saw an increase in spend for our medical workforce. Fill rates continue with a downward trend.

What is our plan and expected impact?

- The re-instating of all agency controls began 5th December 22, requiring Operational director sign off for agency use. This is predicted to reduce off-framework agency use and overall reduce nursing agency spend. An incentive for Registered Nursing staff working additional bank duties was introduced 1st November, which has demonstrated an increased fill rate for bank shifts and is predicted to contribute to a reduction in nursing agency use.

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 13

Report Title:	**Data Quality Assurance Report**			
Name of Meeting:	Trust Board			
Date of Meeting:	20th December 2022			
Author:	Deborah Renwick			
Executive Sponsor:	Joanne Baxter			
Report presented by:	Joanne Baxter			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☒	**Assurance:** ☒	**Information:** ☐
	Data requirements have increased and there is significant focus and scrutiny on reported data, internally and externally including operational resilience in urgent and emergency care capacity. Boards are therefore requested by the ICB to assure themselves regarding the ongoing quality of data submitted in a range of measures.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Trust Chief Executive Trust Chairperson Trust Chief Operating Officer Chief Executive NENC			

Key issues:
Briefly outline what the top 3-5 key points are from the paper in bullet point format
 	
Consider key implications e.g.
• *Finance*
• *Patient outcomes / experience*
• *Quality and safety*
• *People and organisational development*
• *Governance and legal*
• *Equality, diversity and inclusion*
	• The Board receives a star rating against metrics in the IOR, to confirm the status against signed off, provisional and snapshot position or likely to change.
	• Processes are in place to validate and sign-off Sit-rep data
	• Standard Operating Procedures are in place
	• Submissions are timely against deadlines
	• Liaison between local and national teams is welcomed and encouraged to discuss anomalies (e.g recent weighted activity)
	• Data quality is included on managing well as everybody's business
	• The department reviews data and processes via
	  ○ Internal and external audit
	  ○ The findings of which are presented to the Audit Committee
	• Work is ongoing with the Digital Teams to align Criteria to Reside data capture to include positive capture of pathway zero and operational use of Criteria to reside algorithm			

<table>
<tr><td></td><td colspan="5">• The current data quality policy is currently being updated, expected date of competition is end of Jan 2023</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="5">This report seeks to provide assurance in respect of the data quality processes:
• A range of checks in place through which the Trust ensures data quality of the submissions made.
• Trust will continue to ensure all regional and national reports are submitted in a timely and accurate fashion.
• Ongoing assurance of external submissions will be monitored through the implementation of the Data Quality Policy, audit (internal and external) and using external validation sources.

The recommendations to the Board are to receive this report as assurance and decide if the Board is assured with the current set of controls and measures in place.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
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<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="5"></td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes
☐</td><td colspan="2">No
☐</td><td>Not applicable
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</table>

1. Background

Recent NHS England focus on ensuring that the data submitted by providers is both timely and accurate, this was communicated to providers in a letter on 01 December 2022.

The key driver behind this is to gain assurance regarding providers accurately reporting their performance against the required standards. A recent example of an issue in this area is the variability across providers in the number of completed ambulance handovers recorded which the ambulance handover delay numbers are derived from.

The request is that Boards assure themselves regarding the quality of data submitted by their organisation to national systems.

2. Specific Key Metrics

The assurance request is against the key data submissions and data items listed below:

Metric	Submissions made by the Trust
General and acute bed capacity plans and actuals as reported through the SITREP, e.g. bed capacity, occupancy and closures	• Daily UEC situation report (SITREP) • Monthly KH03 return – midnight bed occupancy • Daily Covid SITREP (includes bed occupancy information)
Urgent and Emergency Care related measures, including 2 hour community response and ambulance handover	• Daily UEC situation report (SITREP) • Daily ECDS SUS submissions – ED activity • Monthly A&E SITREP – high level data - attendances, breaches, 12hr+ waits • Monthly Community Health Services SITREP • Ambulance handover delays (including number of completed handovers)
Discharge related metrics including patients with no criteria to reside	• Daily Discharge submission – submitted weekly – acute & community submissions
Elective metrics including Waiting List Minimum Data Set, Cancer PTLs and elective recovery via SUS	• Elective cancellations • WLMDS return (weekly) – RTT incomplete, clock starts & clock stops and diagnostic pathways • Weekly SUS submissions – IP & OP activity • EROC return – monthly – use of PIFU • Weekly and Monthly cancer returns • Weekly Activity Return – IP, OP, Diagnostics

3. Current Board Level Data Quality

Information & performance data published at Board levels is RAG rated in the Integrated Oversight Report (IOR). The star rating and assurance key is detailed below:

Star Rating	Key
	Data has been ratified & signed off as accurate and is unlikely to change.
	Data is provisional, still subject to ongoing validation at the time of publication
	Snapshot position – data is extracted real time; this data will or is subject to change as this is a position in time & relies on data input mechanisms to be correct at the point of data entry.

4. Operational Resilience

During winter there is understandably a greater emphasis placed on real-time and Sit-rep reporting and the data quality submitted to national systems. The data submitted in 4.1 – 4.3 is a snap-shot position for Trust and can be subject to change as this the position at a point in time.

4.1 Daily Sit Rep Reporting

The Information Department work on the basis of the core bed count as per the planned activity levels. Bed Count and the escalation bed count is checked & cross referenced every day via the hospital systems: this snap shot is used to populate the sitrep.

Core bed count includes General & Acute Beds (excluding maternity beds and mental health beds on Sunniside & Cragside as these beds are not usable for general and acute purposes. EAU, JASRU and St.Bedes are included as per Sit-rep and KH03 definitions.

The bed dashboard also indicates a 'live position' of beds available per ward – operationally this is used by Site Resilience Team to manage flow and predict bed availability & discharges.

Occupancy is very accurate as patients are required to be registered on Trust systems to receive care, e.g. prescribing, recording observations in NerveCentre. This this is therefore always updated in real time.

Patients will be discharged from the system in a timely manner in order to generate the relevant discharge paperwork needed both internally and for the patient/GP.

Bed closures are managed via the Site Resilience /Bed Management and the systems team in real time. The systems team manage permanent bed and ward closures/openings, for example, the opening of a new ward to increase winter capacity. The bed management team have the ability to close and open beds as and when needed. Bed management team also record the reason for the closure to allow us to report this on the sitrep, e.g. Closed for D&V.

The one aspect of bed closure that we would have slightly less confidence about would be where beds are closed to a prospective new patient but are currently still occupied.

These can't be closed on Careflow; because a patient is still in them, but we are required to report these as well. Information in this instance is sought from the Site Resilience Team.

Internal resilience bulletins are also utilised to corroborate closures due to infection prevention and control issues and other bed closures e.g. covid / norovirus etc.

The Infection Prevention and Control team also provide information with daily updates on the number of flu cases in the hospital, and these are also reported through the sitrep.

Finally, the bed management are available to follow and review any queries and make sure the data is correct.

4.2 Urgent and Emergency Care

UEC data in generally is very robust, as per recent audit findings. ED 4 hour breaches, 12+ DTA breaches and ambulance handover delays are all validated on a daily basis with the ED management team before publication internally and submission externally. We track ambulance handovers using the ambulance service reference numbers within our system to ensure patients are properly linked to their ambulance data.

Cancelled operations data is checked and validated by the Trusts dedicated Theatre team on a daily basis before submission.

Stranded patient data is robust, due to being derived via the bed management mechanisms described above.

2-hour community response data is recorded on EMIS and reported within our CSDS submissions. Work was done to verify the data when the teams were initially set up, the business unit have regular sight of the data and can check and challenge if needed. We are confident that what we are flowing is correct, although the data validation process is cumbersome and requires work with the systems teams, The Business Unit and Information Department.

4.3 Discharge Metrics & Criteria to Reside

The patients who do not meet the criteria to reside is derived from data entered into Nerve Centre by staff caring for the patients.

The list of patients identified is sent to the discharge team every morning just after 8am, allowing them to focus on these patients in terms of getting them discharged, or amending the data to reflect where they actually do meet the criteria to reside.

However not all data is updated daily into nerve centre; the Discharge Hub review of medically optimised patients occurs once per week which is prior to Sitrep submission.

This weekly submission is reviewed by the discharge team in relation to ensuring all patients who do not meet the criteria to reside have an established plan and an explanation of why they are still in a bed. Any that do meet the criteria to reside will have their status changed before we make the submission, and the submission is changed to reflect this.

Further work includes positive identification of patients who do not need referral to discharge hub – 'pathway zero'.

Realtime updating of Nerve Centre (by Wards, Discharge Liaison, Discharge Coordinators and Social Workers) should be input as part of operational workflow – and the Hub should move away from the secondary data source 'master spread sheet'.

Planning earlier for discharge to capture the data sooner in the pathway to prevent delays will also help with the discharge process.

Review of workflow and updating of care flow/digital systems to capture social care requirements in one place to support 'single version of the truth'.

5. Elective Care Metrics

Including the Waiting List Minimum Data Set, Cancer PTLs and elective recovery via SUS.

5.1 Waiting List Minimum Data Set

Waiting List Minimum dataset underwent rigorous testing before and during the rollout.

Rigorous testing in parallel to 18 weeks RTT weekly submissions occurred for a number of months and external assurance was provided on the data. There is external and internal confidence that the dataset contains the right data and is an accurate reflection of our waiting lists.

Waiting List managers are responsible for validating the waiting list data, and they receive twice weekly updates on their waiting list, and then update the system where appropriate.

From the reports available we can see the waiting list manager activity, which provides assurance the patients on the list are being actively managed and updated.

Elective recovery data is submitted as part of our weekly SUS submissions. Internally there is high visibility of this through our weekly and monthly monitoring dashboard, which in turn also feeds IOR. This is shared with management of all of the services it covers and has been tested robustly.

The Access Policy is now updated in line with national guidance - going forward the policy will be audited internally to ensure compliance.

We don't however have a dedicated RTT training team in the Trust, and we are exploring both internal and external options.

In the absence of the above we were audited independently via Insource in 2021 with good assurance; above NHSEI requirements. However, the audit identified that there is no dedicated RTT tracking team (as we have for cancer tracking), currently under review to eradicate single points of failure. This will require an organisational change to the way RTT is managed.

Data quality metrics are reviewed externally via LUNA with regular meetings to review anomalies.

A long waiters review is in place weekly to review the PTL meeting with Business Unit Senior Leaders and Waiting List Management representative to ensure clinical review and prioritisation and also picks up anomalies in DQ.

5.2 Cancer Priority targeted Lists PTL's

Cancer PTLs are submitted by the information team, data is managed by a dedicated cancer tracking team. The Cancer Team are provided with regular updates on the status of the PTLs and there is constant communication between the teams to agree the PTL position before submission, either weekly or monthly.

Cancer PTL's are reviewed weekly with the Business units to track and monitor patients.

The monitoring has been running for approximately 3 financial years now, and we know that our internal monitoring aligns very closely with external reports on the same data.

SUS submission processes are very well established, and we have confidence that the right data is being submitted. The document also pulls together Diagnostics, RTT and Cancer data, so there is constant high visibility of our elective metrics.

Planning and Performance business partners who link in with the services regularly feedback about the monitoring data and where there are any concerns these are investigated and explained or corrected where appropriate.

6. Out of area placements (mental health).

As part of the submission of the Mental Health Minimum Dataset we are made aware of any out of are placements by the Mental Capacity Act and Mental Health Act Lead who works in the service. These will be submitted to the relevant Clinical Audit Platform where they occur. Due to being an acute Trust with a very small Mental Health provision, specifically for older patients, it is very rare that we have need to place patients out of area. The lead within the service would be directly aware of any that happen, these would be noted and passed over to us to submit.

7. Quality Assurance

All reports are timely i.e. are submitted on time as per local / national requirements and timescales.

The same coding language / methodology used each time the submission is made, and national coding and counting standards and definitions are adhered to.

Validation and data quality reports undertaken prior to the submission which if necessary are reviewed by the BU with gaps in reporting systems being addressed by operational teams e.g. cancer submission, ambulance handover data etc.

Technical validation takes place on certain submissions, e.g. looking for duplicate or deceased patients in RTT return.

Some returns can be refreshed in light of updated data, e.g. daily SITREP.

Internal audit programme in place which reviews specific areas of work to give assurance on data quality, currently undergoing a review of A&E and Cancer as per audit programme.

Occasionally NHS England / Digital query any anomalies in the submissions to gain clarity on the validity of the data submitted, e.g. if there has been a greater than expected change since the last submission.

8. Areas of Current Work / Improvement

8.1 Discharge and Criteria to Reside – Sit rep is validated by the weekly process prior to submission, however this could be made slicker and improved with:

- Mandatory fields in nerve centre
- Positive data capture of pathway zero
- Ownership of workflow with standardised SOPs for real-time updates

8.2 Update Data Quality Strategy / Policy – to re-in force data quality is everyone's business, expected data of completion/ratification Jan 2023.

9. Conclusions

Trust submits a range of reports under the specified areas of work.

A range of checks in place through which the Trust ensures data quality of the submissions made.

Trust will continue to ensure all regional and national reports are submitted in a timely and accurate fashion.

Ongoing assurance of external submissions will be monitored through the implementation of the Data Quality Policy, audit (internal and external) and using external validation sources.

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 14

Report Title:	**Nursing Staffing Exception Report**			
Name of Meeting:	Board of Directors			
Date of Meeting:	25th January 2023			
Author:	Janet Thompson, Head of Nursing Laura Edgar, People Data and Information Lead			
Executive Sponsor:	Gillian Findley, Chief Nurse and Professional Lead for Midwifery and AHP's			
Report presented by:	Gillian Findley, Chief Nurse and Professional Lead for Midwifery and AHP's			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☒
	This report is to provide assurance to the Board that staffing establishments are being monitored on a shift-to-shift basis.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☒ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*				
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	This report provides information relating to ward staffing levels (funded against actual) and details of the actions taken to address any shortfalls. December has demonstrated increased staffing challenges compared to November. There are still ongoing staffing challenges as we experience the continued periods of increased patient activity with surge pressure resulting in escalation areas alongside managing delays in transfers of care. This has affected staffing resource and the clinical operating model, which is supportive of maintaining elective recovery. Staffing challenges remain due to vacancies; however, we continue focused work around the recruitment and retention of staff and managing staff attendance. It is important to note that during December we experienced two Nursing Industrial Action days. Wards where staffing fell below 75% of the funded establishment are shown within the paper. Detailed context and actions taken to mitigate risk are			

<table>
<tr><td></td><td colspan="5">documented. A staffing escalation protocol is now in operation across all areas within the organisation and assurance of this operating as expected, is provided by the number of staffing incident reports raised through the Datix system.
Ongoing concentrated work continues within the safe staffing Task and Finish Group to review staffing data, bank and agency usage and retire and return practice. Regular updates are shared with the executive team from this work.</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="5">The Board are asked to:
receive the report for assurance
note the work being undertaken to address the shortfalls in staffing</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☒</td><td colspan="4">We will continuously improve the quality and safety of our services for our patients</td></tr>
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☒</td></tr>
<tr><td colspan="6">Risks / implications from this report (positive or negative):</td></tr>
<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="5">There were 11 staffing incidences raised via datix throughout the month of December of which there was no moderate harm incident identified.</td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes
☐</td><td colspan="2">No
☐</td><td>Not applicable
☒</td></tr>
</table>

Gateshead Health NHS Foundation trust
Nursing and Midwifery Staffing Exception Report
December 2022

1. Introduction

This report details the staffing exceptions for Gateshead Health NHS Foundation Trust during the month of December 2022. The staffing establishments are set by use of the Safer Nursing Care staffing tool (SNCT). This is a recognised, nationally used tool that matches the acuity of patients with the staffing requirements for acute medical and surgical wards. Maternity use the Birth Rate Plus tool and this has been reported to Quality Governance Committee and the Trust Board separately.

2. Staffing

The actual ward staffing against the budgeted establishments from December are presented in Table 1. Whole Trust wards staffing are presented within this report in appendix 1, broken down into each ward areas staffing. In addition, the Trust submit monthly care hours per patient day (CHPPD) as a national requirement to NHS Digital.

Table 1: Whole Trust wards staffing December 2022

Day	Day	Night	Night
Average fill rate - registered nurses/midwives (%)	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**
85.0%	116.8%	94.6%	101.8%

The Trust is required to present information on funded establishments (planned) against actual nurses on duty. The above figures are average fill rates and thus do not reflect the daily challenges experienced during removed covid and operational pressures to maintain adequate staffing levels.

Exceptions:

The guidance on safe staffing requires that the Board will be advised of those wards where staffing capacity and capability frequently falls short of what is planned, the reasons why, any impact on quality and the actions taken to address gaps in staffing. In terms of exception reporting, Gateshead Health NHS Foundation Trust reports to the Board if the planned staffing in any area drops below 75%.

A Safer Nursing Care Tool (SNCT) data collection was undertaken throughout the month of January and again in July (collected on bi-annual basis). Data was triangulated with key performance indicators and professional judgement templates in line with the Developing Workforce safeguards and safe staffing recommendations (NHSi 2018). The outcome and recommendations from the January review were presented at Trust Board in May 2022.

The Community Business Unit received training on the Mental Health Optimal Staffing Tool (MHOST) in July. The first data collection for a staffing establishment review was conducted throughout October with a further collection ongoing.

Contextual information and actions taken

Cragside Court and Sunniside Unit have demonstrated reduced fill rates for Registered Nurses on days and nights due to sickness absence rates of 13.8% and 6.6% respectively.
Ward 12 currently has five wte registered nurse vacancies. All five positions have been successfully recruited to and are due to start within the next eight weeks.
Ward 22 currently has 8.26 registered nurse vacancies. Active recruitment for these positions is ongoing.
Ward 27 have experienced higher levels of short-term sickness for registered nurses at 10.8%. They have two international recruits who were working in a supernumery capacity during December.

The exceptions to report for December are as below:

December 2022	
Qualified Nurse Days	**%**
Cragside	74.5%
Ward 12	66.4%
Ward 22	71.9%
Ward 27	72.0%
Qualified Nurse Nights	**%**
Cragside Court	70.2%
Sunniside Unit	69.8%
Healthcare Assistant Days	**%**
N/A	
Healthcare Assistant Nights	**%**
N/A	

In December, the Trust worked to the agreed clinical operational model, which meant at times some wards listed above had lower patient occupancy and staff were redeployed appropriately to areas with the greatest clinical need. Throughout December, areas of deficit were escalated as per staffing policy and mitigations were put in place by the Matron teams using professional judgement as to the acuity and demand in each area, which included:

- Redeployments of Registered Nurses and HealthCare assistants on a daily and at times hourly basis between wards according to patient acuity and demand.
- Concentrated support from the Matrons and the People and Organisational Development team to address the sickness absence levels within the divisions and to recruit to vacant posts.

3. Care Hours Per Patient Day (CHPPD)

Following the Lord Carter Cole report, it was recommended that all trusts start to report on CHPPD this is to provide a single consistent way of recording and reporting deployment of staff working on inpatient wards/units. It is calculated by adding the hours of registered nurses to the hours of support workers and dividing the total by every 24 hours of inpatient admissions. CHPPD is relatively stable month on month, but they can show variation due to a number of factors including:

- Patient acuity and dependency
- Patients required enhanced care and support
- Bed occupancy (activity)

Ward level CHPPD is outlined in Appendix 1. For the month of December, the Trust total CHPPD was 8.0. This compares well when benchmarked with other peer-reviewed hospitals.

4. Monitoring Nurse Staffing via Datix

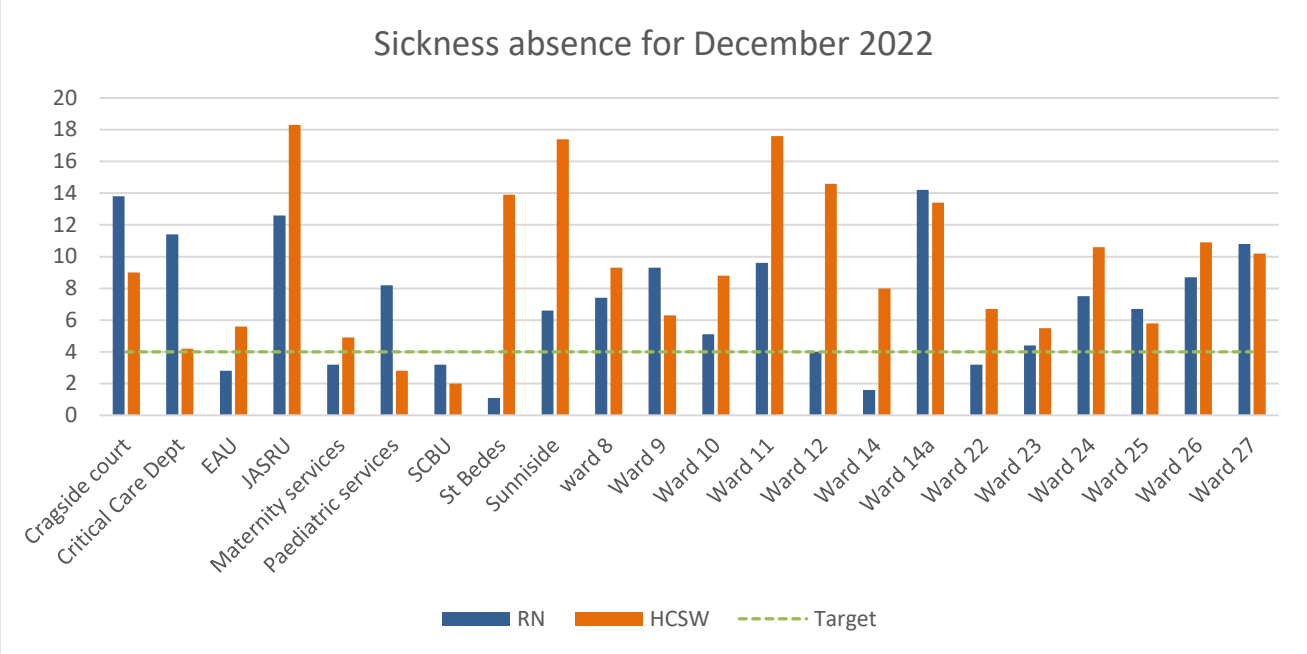
The Trust has an escalation process in place for addressing staffing shortages with identified actions to be taken. Further discussion is to take place to scope the potential for identifying thresholds that trigger when a staffing related DATIX should be submitted to provide reporting consistency. In addition to this the ongoing work to triangulate fill rates and care hours against reported staffing and patient safety incidents, has highlighted that the subcategories available to the reporter within DATIX requires review to streamline and enable an increased understanding of the causes of the shortages, e.g., short notice sickness, staff moves or inability to fill the rota.

A task and finish group to streamline data capture and explore these potential emerging themes is being set up, alongside reviewing the potential to triangulate this data against a number of potential care quality measures to truly explore any impacts of staffing challenges on patient care, and to enable targeted support for staff.

A report of staffing concern related incidents is generated monthly and discussed at the Nursing Professional Forum. There were 11 staffing incidents raised within Datix throughout the month of December. All incidents were reported as no/low harm.

5. Attendance of Nursing workforce

The below table displays the percentage of sickness absence per staff group for December. This includes Covid-19 Sickness absence. Data extracted from Health Roster.



6. Governance

Actual staff on duty on a shift-to-shift basis compared to planned staffing is demonstrated within the Safe care Live system. Staff are required to enter twice-daily acuity and dependency levels for actual patients within their areas/department, to support a robust risk assessment of staff redeployment.

7. Conclusion

This paper provides an exception report for nursing and midwifery staffing in December 2022 and provides assurance of ongoing work to triangulate workforce metrics against staffing and care hours.

8. Recommendations

The Board is asked to receive this report for assurance.

Dr Gill Findley
Chief Nurse and Professional Lead for Midwifery and AHP's

Appendix 1- Table 3: Ward by Ward staffing December 2022

	Day		Night		Care Hours Per Patient Per Day (CHPPD)			
Ward	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**	**Cumulative patient count over the month**	**Registered midwives / nurses**	**Care Staff**	**Overall**
Cragside Court	74.5%	105.0%	70.2%	153.2%	271	5.5	8.7	14.3
Critical Care Dept	93.3%	133.7%	96.2%	84.6%	303	26.8	5.2	32.0
Emergency Care Centre - Ward 01 & 02	79.8%	124.2%	75.5%	114.8%	1424	5.4	4.1	9.5
JASRU	77.6%	96.1%	99.5%	100.2%	609	3.0	4.3	7.3
Maternity Unit	140.5%	135.3%	100.7%	78.0%	547	15.1	4.8	19.9
Paediatrics	142.2%	132.4%	120.0%		74	37.5	11.6	49.1
Special Care Baby Unit	96.8%	118.4%	99.5%	100.4%	173	10.3	3.9	14.2
St. Bedes	91.2%	98.1%	101.5%	99.7%	300	5.0	3.9	8.9
Sunniside Unit	93.5%	118.3%	69.8%	180.2%	216	7.0	7.0	14.0
Ward 08 Cardiology	88.0%	137.0%	103.5%	118.8%	581	3.5	4.1	7.6
Ward 09 Respiratory	87.6%	161.0%	128.2%	97.7%	776	2.8	3.3	6.0
Ward 10	89.4%	128.4%	105.0%	114.0%	752	2.7	3.0	5.7

	Day		Night		Care Hours Per Patient Per Day (CHPPD)			
Ward	**Average fill rate - nurses/midwives (%)**	**Average fill rate - care staff (%)**	**Average fill rate - nurses/midwives (%)**	**Average fill rate - care staff (%)**	**Cumulative patient count over the month**	**Registered midwives / nurses**	**Care Staff**	**Overall**
Ward 11 Gen Medicine	86.0%	135.2%	99.0%	131.1%	737	2.6	3.8	6.4
Ward 12	66.4%	143.0%	98.4%	97.9%	798	2.1	3.4	5.4
Ward 14 Medicine	99.5%	149.5%	105.5%	98.0%	215	10.2	11.9	22.1
Ward 14A Trauma	81.3%	141.3%	101.7%	97.7%	817	2.4	3.5	5.9
Ward 22 Gen Medicine	71.9%	117.1%	100.2%	84.7%	872	2.2	3.4	5.5
Ward 23 Jubilee Wing	82.7%	109.9%	100.6%	94.3%	689	2.5	3.6	6.1
Ward 24 Jubilee Wing	81.5%	111.2%	99.8%	86.7%	922	2.2	3.1	5.3
Ward 25 Jubilee Wing	76.6%	108.7%	108.1%	88.7%	947	2.1	2.9	5.1
Ward 26 Gynae	75.5%	128.9%	108.3%	100.2%	872	2.4	3.3	5.6
Ward 27 Treat/Centre	72.0%	124.4%	103.2%	87.7%	896	2.2	3.0	5.2
QUEEN ELIZABETH HOSPITAL - RR7EN	85.0%	116.8%	94.6%	101.8%	15411	4.2	3.8	8.0

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 15i

Report Title:	**Maternity Oversight Report**			
Name of Meeting:	Trust board meeting			
Date of Meeting:	25th January 2023			
Author:	K Hooper/I Aird/K Hewitson/ L Heelbeck			
Executive Sponsor:	Gillian Findley			
Report presented by:	Gillian Findley			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☒
	Aim from the Ockenden/East Kent Report: The aim must be for every trust to have the right mechanism in place to monitor the safety of its maternity and neonatal services, in real time; for the NHS to monitor the safety performance of every trust; and for neither the NHS nor trusts to be dependent on families themselves identifying the problems only after significant harm has been done over a period of years. The Board is also asked to note the content of the maternity IOR as a real time review maternity services quality and safety risks and improvements identified within the report.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☒ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	The maternity IOR has been discussed at Safecare Risk and Safety Council 18th January 2023.			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal*	As a Trust we recognise that there are huge benefits to the effective monitoring of outcomes, and we are in the process of developing a meaningful Maternity Integrated Oversight Report which is attached for review and decide whether this meets the need of the Trust Board. There is also national work underway currently to support a standardised and rational approach to ensure clear outcome measures and standards. This may result in changes being required for this report in the future.			

<table>
<tr><td>

- *Equality, diversity, and inclusion*

</td><td colspan="6">This report shows the position for December 2022. Key points from the December position are:
• The Maternity service is declaring compliance with all 10 safety actions from the Maternity Incentive Scheme Year 4.
• Benchmarking and compliance against each of the 10 safety actions has been completed. An evidence template and repository are also used to ensure that we have a record of all evidence to support a compliant declaration.
• As direct learning from a serious incident, service improvement work around care of women with gestational diabetes was undertaken and funding was secured for improvements
• An update is included on the most recent serious incident
• 6 monthly staffing reviews have been undertaken to comply with Ockenden and MIS requirements and the Maternity Quality and Safety Strategy.</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="6">Trust Board is asked to:
• Note the content of the report and compliance with Year 4 of the MIS
• Note that the Maternity Dashboard is developing and will be aligned to the regional NENC LMNS dashboards which are reported to the Regional Perinatal surveillance and oversight group of the ICB. Key themes and trends from the dashboard will necessitate audit and improvements.
• Agree that the maternity IOR provides a level of real time assurance for the Board in relation to the quality of maternity services</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☒</td><td colspan="5">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2
☒</td><td colspan="5">We will be a great organisation with a highly engaged workforce</td></tr>
<tr><td>Aim 3
☐</td><td colspan="5">We will enhance our productivity and efficiency to make the best use of resources</td></tr>
<tr><td>Aim 4
☒</td><td colspan="5">We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim 5
☐</td><td colspan="5">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust corporate objectives that the report relates to:</td><td colspan="6">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☒</td><td>Responsive
☒</td><td>Well-led
☒</td><td>Effective
☒</td><td>Safe
☒</td></tr>
</table>

Risks / implications from this report (positive or negative):			
Links to risks (identify significant risks and DATIX reference)			
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒

Gateshead Health NHS Foundation Trust

Maternity Oversight Report

January 2023

IOR Summary/contents

Maternity

NHS

Gateshead Health
NHS Foundation Trust

- Exception reports
  - Maternity Incentive Scheme – final compliance declaration
  - Diabetes Service improvements in response to learning from incidents & complaints
  - Midwifery and SCBU nurse staffing 6 monthly review

- Serious Incidents –None reported in December 2022

- Maternity dashboard with December update 2022

- Quarterly exception report schedule
  - PMRT (Aug/Nov/Feb 2023/May 2023)
  - Transitional care & term admissions (Sept/Dec*/March/June) (*reported off-schedule in Nov 2022 IOR)
  - Saving Babies Lives Care Bundle (Feb 2023/Apr 2023)
  - MDT Staffing report Jan 2023

Maternity Incentive Scheme final declaration of compliance Year 4

Maternity NHS Gateshead Health NHS Foundation Trust

The Risk and Safety council is the designated monitoring committee for the review of evidence around the safety actions for Year 4 of the Maternity Incentive Scheme. Progress:

- **14 December 2022 – Risk and Safety Council sign off**
- **21st December 2022 – Quality Governance Committee preparation for sign off further work required with CO monitoring**
- **18 January 2023 – Safecare, Risk and Safety Council assurance of compliance submission.**
- **25th January 2023 – Trust board meeting MIS scheduled for presentation and sign off**
- **13th January 2023 – LMNS sign-off –** The Executive Directors of Nursing from all 8 Trusts to met with David Purdue, NENC ICB Chief Nurse and NENC LMNS SRO and the LMNS to discuss their Trust CNST compliance and declaration.
- Gateshead and Northumbria declared compliance and readiness for sign off.
- 26 January – 2 February 2023– portal opens for submission of signed Trust declaration (signed by Trust CEO & ICS AO)

Final Position December 2022

Progress against the 10 Maternity Safety actions has been monitored via service level and business unit level meetings. This is documented in our Maternity Service operational risk management strategy. Evidence to support the declaration of compliance is held by the maternity service to enable review and assurance. This has been cross checked with the Patient safety and experience team.

The maternity service is declaring compliance with all 10 safety actions at the beginning of January 2023.

Benchmarking and compliance against each of the 10 safety actions has been completed. An evidence template and repository are also used to ensure that we have a record of all evidence to support a compliant declaration.

To be eligible for payment under the scheme, Trusts must submit their completed Board declaration form to NHS Resolution by **12 noon on 2 February 2023***

Service improvements – Diabetes in Pregnancy (DiP)

Maternity

NHS Gateshead Health NHS Foundation Trust

2022 Service improvements:

- Oral glucose tolerance test clinic opened
- Initiation of F2F, MDT teaching session for all newly diagnosed gestational diabetics – individual teaching with interpreter for non-English speaking families
- 3 focus groups with MDT & service users to support improvements:
- Update of home blood glucose monitoring written information (inc translations)
- Telephone contact within 48 hours to support home testing/results
- Opportunity for GDM peer support – bespoke waiting area created for women attending obstetric diabetes clinic facilitated by diabetes HCAs with healthy snacks & educational materials available
- Creation of care individualised schedule
- Enhanced communication via GDM-specific mobile number
- Weekly email/text informing of blood glucose review
- Metformin PGD & insulin PGD to enhance commencement/adjustment of treatment

2020 Statistics:

- 239 women were diagnosed with GDM in pregnancy
- Average of 19 diagnosed per month
- Active caseload varies between 50 and 70
- Average of 10% of women booked for pregnancy in Gateshead develop GDM – approximately double the national average.

2023 Objectives:

- Implementation of GDM-Health software/app to replace Telehealth texting service.
- Creation of easy-follow flowcharts for antenatal corticosteroids and insulin cover, and availability of staff training.
- Creation of postnatal blood glucose monitoring instructions/table for patients to complete.
- Creation of maternity-specific hypo boxes and guideline to follow.
- Creation of antenatal GDM patient information leaflet.
- Revamp colostrum harvesting patient information leaflet.

Maternity Dashboard

Maternity

NHS Gateshead Health NHS Foundation Trust

		Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022/23	Spark chart
Births - Live			126	152	138	139	155	132	144	160	147				**1293**	
Births - Still			0	1	1	0	1	1	0	1	1				**6**	
Total Births			126	153	139	139	156	133	144	161	148				**1294**	
Spontaneous vaginal deliveries			71	76	84	73	77	75	87	85	73				**62701**	
Assisted births			55	77	55	66	79	58	57	76	74				**597**	
Induction of Labour			62	76	63	71	85	67	67	56	51				**598**	
Maternity Readmissions		<42 Days	2	2	2	2	4	1	3	3	3				**22**	
Neonatal Readmissions		<42 Days	3	3	2	4	3	5	4	6	7				**37**	
Smoking in Pregnancy	Smoking at time of booking	15%	12.13%	11.67%	12.05%	10.38%	11.62%	11.63%	10.42%	14.6%	11.89%					
	Smoking at time of delivery	6%	10.40%	12.00%	14.39%	12.23%	12.50%	7.58%	9.03%	15.6%	12.93%					
	In area CO at booking (*MIS)	>80%	80.2%	67.02%	71.43%	79.01%	81.10%	81.07%	87.31%	87.43%	79.57%				**84.40%**	
	In area CO at 36 weeks (*MIS)	>80%	72.48%	67.79%	65.35%	76.71%	81.63%	78.18%	80.79%	79.29%	81.48%				**80.11%**	
Neonatal morbidity	Admitted directly to NNU (SCBU) (>37 weeks)	<4	6	4	2	1	5	2	2	6	2				**30**	
	Percentage Admitted directly to NNU (SCBU) (>37 weeks)	<6%	5.17%	2.86%	1.48%	0.74%	3.40%	1.59%	1.52%	4.05%	1.48%				**2.47%**	
	Neonatal Deaths		0	0	0	0	0	0	0	0	0				**0**	
Preterm birth rate	<=32 Weeks at birth	>5%	0	0	0	0	0	0	0	0	4				4	
	<=36+6 Weeks at birth	<6%	7.94%	7.89%	2.90%	2.16%	3.23%	4.55%	6.25%	7.5%	8.16%					
Continuity of Carer	Percentage placed on Pathway (29 weeks)		21.4%	18.1%	23.2%	19.4%	21.9%	22.1%	21.8%	18.5%	18.7%					
	Percentage from BAME background/areas of deprivation		31.6%	33.3%	42.9%	29.7%	43.5%	36.0%	27.3%	20.0%	15.4%					
Risk Management	SGA (<10th centile) detection rate quarterly				40.0%			45.8%								
	FGR (<3rd centile) detection rate quarterly				61.1%			47.6%								
	Number of SUIs		0	0	1	0	1	0	0	0	1				**2**	
	Moderate and above harm orange incidents		1	1	1	0	3	0	1	0	0				**7**	
	HSIB Cases		0	0	0	0	0	0	0	0	0				**0**	
Patient experience	Total Complaints/PALS		0	1	1	2	2	0	2	1	0				**9**	
	Total compliments		1	0	0	1	0	0	1							
	Friends & family feedback		100%	100%	83.3%	100%	50%	100%	50%							
	Birth reflections															

Dashboard narrative

- Delivery rate has fallen compared to same time in 2021/22 however acuity has increased
- Rates of interventions (IOL/LSCS) remain high and LSCS in particular are increasing to levels much higher than previously seen – significant impact of this on workforce and estate requirements. Business Case for additional consultant being prepared to support rising intervention rate.
- This will require investment in support workers and scrub practitioners to support this. This process has begun with review of maternity support worker specific roles in obstetric theatre and the delivery suite.
- CO monitoring at booking and 36 weeks improving – >80% target over 4 months for MIS compliance with safety action 6
- Targets for MCOC currently paused but remain reported to LMNS and regional teams. Workforce engagement completed and option appraisal discussed with Chief Nurse. Option to be discussed and shared with teams to ensure stability and framework or community teams.
- Quarterly antenatal detection rates of growth restricted babies (small for gestational age/fetal growth restricted) – remain consistently in top 10 national reporting Trusts
- Audits currently on-going into maternal readmissions and neonatal readmissions which will be reported as exception in next IOR
- Slight increase of complaints compared to 21/22. No consistent themes or trends, however work will be commenced to support mothers with learning disabilities as a result of one complaint. will be reviewed and reported via maternity governance meetings

6 monthly Midwifery staffing review

Gateshead Health NHS Foundation Trust

The aim must be for every trust to have the right mechanism in place to monitor the safety of its maternity and neonatal services, in real time and safe staffing levels are critical to this.

The purpose of this report is to meet the requirement that there be a six-monthly assessment of midwifery staffing levels presented to the Trust board. The MIS safety actions replicate the key themes within the final Ockenden report.

We have had a successful recruitment campaign since the last staffing report and have offered 17 WTE Midwifery posts. Not all these staff are in post as two are newly qualified midwives who register in September 2022 but have time to make up on their course. We have also had staff leaving and maternity leave so these vacancies will be filled as they occur. The budgeted establishment is fully recruited to, however the actual workforce available to deliver care has a deficit.

Reasons for gaps in staffing establishment

Area	Maternity leave (next 4 4 months)	Long term sickness
Acute unit	5 WTE	3.52 WTE
Community	2WTE	2.0 WTE
Total	7 WTE	5.52WTE

Budget WTE	Actual WTE	Birth Rate plus recommended WTE	Variance to Birth rate
93.17 WTE	79.65 WTE	91.72 WTE	-13.52 WTE

Current position:

- The further roll out of MCOC model has been paused since January 2022. Current midwifery staffing levels are assessed daily using acuity tools within the acute unit and a review of the provision of the current MCOC teams is underway in response to NHSE directives and acute absence within the community and MCOC teams.
- The acute unit staffing is safe, and acuity is monitored daily and weekly to give assurance of this. The largest proportion of red flag events were relating to the co-ordinator status. Immediate escalation was made to the senior midwifery team and the main solution was staff re-deployment and use of specialist midwives. Red flag events relating to clinical care because of staffing issues was related to delaying induction of labour however the highest percentage of this was 8%. There were no patient harm incidents or complaints aligned to this.
- Community caseloads have also been reviewed to bring down to safe and recommended levels. Current recruitment and integration of midwives into the community teams will support this.

Risks and concerns in relation to midwifery staffing

- The acuity of our mothers and increase in operative births puts a significant strain on the current MDT team. The models and pathways of clinical care are changing to reflect this therefore staffing and skill mix has to change to deal with this.
- Safety training and the release of clinical time to do this is dependent upon an increase in midwifery and support worker staffing. We have resumed face to face clinical skills training since July 2022.
- Staff morale is low due to several high-profile national maternity investigations and recommendations and mixed messages around the safety and implementation of MCOC especially within the community teams and this is reflected in the newly released staff survey results.
- **Non – Compliance with Ockenden recommendations and Birth Rate recommendations specific to safe staffing and training.**
- There are not experienced midwives in the system applying for posts unless for progression or succession.
- We hoped to be fully recruited by October 2022 however this did not happen and we have had a further recruitment in January 2023 and appointed newly qualified band five midwives. The next cohort of student midwives does not register until September 2023.
- Ockenden recommendations have reviewed the recommendation that newly qualified midwives are not to be rotated into the community until they have 12 months experience, therefore we will be integrating and rotating midwives between hospital and community settings .
- Increased training requirements for Midwives and support workers are not included in the current WTE uplift. This is causing problems to release staff for key leadership roles such as ward managers, PMAs, and protection of the supernumerary status of the delivery suite co-ordinators.

Successes

- Midwifery staffing business case agreed and 10.84 WTE additional midwives supported by the Trust board – full recruitment to recommended baseline birth rate plus compliance planned to be achieved by January 2023.
- 50k funding received to support recruitment and retention of midwives and a further 50k bid was successful in April 2022.
- Further bid successful to support recruitment and retention of support workers
- Specialist midwifery roles increased:
- Recruitment and Retention midwife now in post
- 0.4 WTE fetal monitoring midwife/0.2 WTE Risk management midwife, Public Health midwife in post.

SCBU Nurse staffing

Gateshead Health NHS Foundation Trust

- The NICE quality standard (2010) in support of the *Toolkit for high quality neonatal services* (DH 2009) includes a standard for safe staffing in neonatal care.
- This recommends an adequate and appropriate workforce, with the leadership and skill mix competencies to provide excellent care at the point of delivery for babies receiving medical and surgical interventions.
- Staffing levels are measured against occupancy via the Neonatal ODN on a quarterly basis as shift-by-shift cover must take account of the recommended minimum staffing levels based on average unit occupancy of 80% (DH 2009).

- Our compliance with these standards is highlighted in the table. Covid sickness, absence, and vacancies have not been such an issue this quarter. Term admission rates continue to be well within the Network target of 5%.
- **Over Q1 Gateshead was 95.6% compliant with these standards.**
- **Q2 Gateshead were 100% compliant with these standards**

	Apr-22		May-22		Jun-22		**Q1 22-23**		% Days that met BAPM
RVI	7	23	22	9	14	16	**43**	**48**	52.7%
James Cook	11	19	15	16	16	14	**42**	**49**	53.8%
Sunderland	10	20	17	14	6	24	**33**	**58**	63.7%
North Tees	0	30	5	26	0	30	**5**	**86**	94.5%
Cramlington	13	17	6	25	4	26	**23**	**68**	74.7%
North Durham	7	23	16	15	10	20	**33**	**58**	63.7%
Darlington	2	28	2	29	5	25	**9**	**82**	90.1%
Carlisle	0	30	20	11	5	25	**25**	**66**	72.5%
Gateshead	1	29	2	29	1	29	**4**	**87**	95.6%
West Cumberland	0	30	1	30	0	30	**1**	**90**	98.9%

Number of days that did not meet BAPM

Number of days that did meet BAPM

SCBU Nurse staffing developments

Gateshead Health NHS Foundation Trust

- Seventy percent of the nursing establishment must be 'qualified in specialty' (QIS). A minimum of two qualified nurses/midwives should always be on duty (one of whom must be QIS).
- The current position is that 14/19 of all SCBU nurses have the QUIS qualification.
- The final Ockenden report recognises the contribution that the ANNP role made to the safety if mothers and babies and recommended a programme of recruitment, retention, and training in speciality.
- **In September 2022, all Trusts were asked to bid for an allocation of Ockenden funding to support development of Neonatal teams.**
- A bid was submitted in September:The allocation for Gateshead under this proposal is:

Financial Year 2022-23 – £18461.93

Financial Year 2023-24 - £37219.70

- The proposal is to support training of another ANNP in the September 2023 cohort and review the banding of current ANNP who meet the portfolio of ACP to band 8a.
- The ANNP team support the tier one rota for 3 nights of the week and over the winter season there is a requirement to support the paediatric rota at weekends on the maternity unit with an ANNP on day shift. We need to ensure that we have succession planning for this critical role.

	Jul-22		Aug-22		Sep-22		Q2 22-23		% Days that met BAPM
RVI	8	23	23	8	10	20	**41**	**51**	55.4%
James Cook	9	22	6	25	2	28	**17**	**75**	81.5%
Sunderland	9	22	22	9	21	9	**52**	**40**	43.5%
North Tees	0	31	1	30	3	27	**4**	**88**	95.7%
Cramlington	0	31	2	29	5	25	**7**	**85**	92.4%
North Durham	7	24	9	22	3	27	**19**	**73**	79.3%
Darlington	0	31	2	29	3	27	**5**	**87**	94.6%
Carlisle	2	29	2	29	2	28	**6**	**86**	93.5%
Gateshead	0	31	0	31	0	30	**0**	**92**	100.0%
West Cumberland	12	19	3	28	2	28	**17**	**75**	81.5%

Number of days that did not meet BAPM

Number of days that did meet BAPM

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 15ii

Purpose of Report	Decision: ☒	Discussion: ☐	Assurance: ☒	Information: ☒
Report Title:	**Gateshead Health NHS Trust FINAL compliance report with NHS Resolution Maternity Incentive Scheme – Year 4**			
Name of Meeting:	Trust Board Meeting			
Date of Meeting:	25th January 2023			
Author:	Karen Hooper			
Executive Lead:	Gillian Findley			
Report presented by:	Gillian Findley			
Executive Summary:	The Maternity Service intend to self-certify full compliance with Year 4 of the Maternity Incentive Scheme. Benchmarking and compliance against each of the 10 safety actions has been completed. An evidence template and repository are also used to ensure that we have a record of all evidence to support a compliant declaration. To be eligible for payment under the scheme, Trusts must submit their completed Board declaration form to NHS Resolution by **12 noon on 2 February 2023*** Progress against the 10 Maternity Safety actions has been monitored via service level and business unit level meetings. This is documented in our Maternity Service operational risk management strategy. Evidence to support the declaration of compliance is held by the maternity service to enable review and assurance.			
Recommended actions for Board/Committee)	The Trust board are asked to approve the action plan and evidence listed to demonstrate the maternity senior team assessment of compliance with achievement of the maternity safety actions and are satisfied that these meet the required standards. This evidence is also reported in IOR for Trust board 25th January 2023 **The self-certification of evidence will be signed off by the Trust board on assurance from this committee that the declaration is accurate.** The approval schedule is detailed below; **13th January 2023 - The NENC ICB process signed off the Trust declaration process as the Executive Directors of Nursing from all 8 Trusts met with David**			

<table>
<tr><td></td><td colspan="6">Purdue, NENC ICB Chief Nurse and NENC LMNS SRO and the LMNS to discuss their Trust CNST compliance and declaration. Gateshead Maternity services declared full compliance.

18 January 2023 – Safecare, Risk and Safety Council assurance of compliance submission.
25th January 2023 – Trust board meeting MIS scheduled for presentation and sign off

The CEO of the Trust will ensure that the Accountable Officer (AO) for their ICB is appraised of the MIS safety action's evidence and declaration form.

The CEO and the AO must both sign the Board declaration form as evidence that they are both fully assured and in agreement with the compliance submission to NHS Resolution.

26 January – 2 February 2023– portal opens for submission of signed Trust declaration (signed by Trust CEO & ICS AO)</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:
(Including reference to any specific risk)</td><td>Aim 1
☒</td><td colspan="5">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2
☒</td><td colspan="5">We will be a great organisation with a highly engaged workforce</td></tr>
<tr><td>Aim 3
☒</td><td colspan="5">We will enhance our productivity and efficiency to make the best use of resources</td></tr>
<tr><td>Aim 4
☒</td><td colspan="5">We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim 5
☒</td><td colspan="5">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Financial Implications:</td><td colspan="6">CNST incentive fund rebate</td></tr>
<tr><td>Links to Risks (identify significant risks and DATIX reference)</td><td colspan="6">Staffing – compliance with MIS and Ockenden recommendations
MDT training</td></tr>
<tr><td>People and OD Implications:</td><td colspan="6">Maternity staffing – Birthrate+ compliance (midwifery)
Medical staffing – obstetric, anaesthetic, paediatric</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☒</td><td>Responsive
☒</td><td>Well-led
☒</td><td>Effective
☒</td><td colspan="2">Safe
☒</td></tr>
<tr><td rowspan="2">Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)</td><td>Obj.1
☐</td><td colspan="5">The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments</td></tr>
<tr><td>Obj. 2
☒</td><td colspan="5">All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers</td></tr>
</table>

	Obj. 3 ☒	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve

Gateshead Health
NHS Foundation Trust

Gateshead Health NHS Trust FINAL compliance report with NHS Resolution Maternity Incentive Scheme – Year 4

January 2023 – Year 4 declaration of compliance.

Executive summary

NHS Resolution members contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund. The scheme incentivises ten key maternity safety actions. Trusts that can demonstrate they have achieved all ten of the safety actions will recover the element of their contribution relating to the CNST maternity fund and will also receive a share of any unallocated funds. NHS Resolution will continue to contribute at least 10% reduction in the CNST maternity contributions of Trusts who are able to demonstrate compliance with the 10 key safety criteria agreed by the National Maternity Champions.

Any monies recovered by achieving full compliance must be ring-fenced for use in the maternity service and this has been agreed by the Trust board in accordance with CNST and Ockenden requirements.

This report from Gateshead Maternity services gives an overview of the final position of the service in relation to compliance with the 10 safety actions set out by NHS Resolution in the Maternity Incentive Scheme (MIS) year 4, launched on 9th August 2021, relaunched May 2022.

The date for submission to NHS Resolution has been extended to February 2023 however, the dates for monitoring compliance require actions to have been achieved by 5 December 2023 so there are no changes to our timescale for reporting. The approval schedule is detailed below;

13th January 2023 - The NENC ICB process signed off the Trust declaration process as the Executive Directors of Nursing from all 8 Trusts met with David Purdue, NENC ICB Chief Nurse and NENC LMNS SRO and the LMNS to discuss their Trust CNST compliance and declaration. Gateshead Maternity services declared full compliance.

18 January 2023 – Safecare, Risk and Safety Council assurance of compliance submission.
25th January 2023 – Trust board meeting MIS scheduled for presentation and sign off

The CEO of the Trust will ensure that the Accountable Officer (AO) for their ICB is appraised of the MIS safety action's evidence and declaration form.

The CEO and the AO must both sign the Board declaration form as evidence that they are both fully assured and in agreement with the compliance submission to NHS Resolution.

26 January – 2 February 2023– portal opens for submission of signed Trust declaration (signed by Trust CEO & ICS AO)

This report describes the criteria for the 10 safety actions and a summary of evidence for compliance submission for each action.

Background

The 10 safety recommendations are aligned to what a safe and responsive maternity service should be able to demonstrate.

The Safecare, Risk and Safety council is the designated monitoring committee for the safety actions and asked to accept this report as evidence/assurance that the Maternity service is working towards achievement of all the actions and the group that the service will escalate any problems or support required to enable compliance.

Final Position

Benchmarking and compliance against each of the 10 safety actions has been completed. An evidence template and repository are also used to ensure that we have a record of all evidence to support a compliant declaration. To be eligible for payment under the scheme, Trusts must submit their completed Board declaration form to NHS Resolution by **12 noon on 2 February 2023***

Progress against the 10 Maternity Safety actions has been monitored via service level and business unit level meetings. This is documented in our Maternity Service operational risk management strategy. Evidence to support the declaration of compliance is held by the maternity service to enable review and assurance.

Recommendation

The Safecare, Risk and Safety Council are asked to review this report and the evidence listed to demonstrate compliance with achievement of the 10 maternity safety actions and are assured that these meet the required standards and that the self-certification of full compliance is accurate.

Monitoring and Compliance

The detailed action plan can be viewed and is attached with evidence held in a shared repository by the maternity service.
The evidence repository has been reviewed by representatives from the Trust Safety and Quality Senior teams – completed on 15 December 2022 (Jane Conroy and Louise Lodge).

Final Position (December 2022)

Safety action 1 – Perinatal mortality review tool
Current position: Fully compliant All eligible cases have been reported
Evidence provided: Quarterly oversight and evidence reported to Trust Mortality & Morbidity board Cross referenced with MBRRACE National data base and PMRT data base IOR board reports
Monitoring: Monthly PMRT meetings which report to monthly perinatal meetings for shared learning. Quarterly report to Mortality and Morbidity steering group and Maternity Safecare.

Safety action 2 – MSDS digital **Maternity Services Data Set**
Current position: - Fully compliant
Evidence provided: Email received 9/11/2022 from NHS Digital confirming compliance with Safety Action 2 requirements. Digital strategy
Monitoring: Utilising the maternity dashboard published by NHS Digital, also have access to an internal dashboard within the maternity system which allows for early monitoring. Digital infrastructure project board & GDE programme board Risk and Safety Council reporting bi-monthly National monitoring and reporting National Dashboard

Safety action 3 – Transitional care
Current position: Fully compliant
Evidence provided: Neonatal guideline & care pathway Minutes of meetings- perinatal mortality group reporting Audit of term admissions to SCBU reported on maternity dashboard and via Trust Integrated Oversight report LMNS quarterly reports
Monitoring: Monthly TC meetings report to perinatal meeting Oversight via monthly safety champion meetings and 6 monthly maternity reports to SafeCare Council/Quality Governance Committee

Safety action 4 – Medical workforce planning
Current position: Fully compliant
Evidence provided: Medical rotas

Audit
Neonatal workforce report
RCOG Consultant attendance audits/Safecare minutes

Monitoring:
SBU operational board

Safety action 5 – Midwifery workforce planning

Current position: Compliant with this action and out to rolling recruitment

Evidence provided:
Birth Rate plus midwifery staffing tool used to assess workforce requirements against acuity of the service.
Staffing papers (6 monthly)
Northern neonatal GIRFT review

Monitoring:
Monitoring; acuity audit monthly to ward managers meeting, SBU operational board
Red flags and supernumery status of co-ordinator are monitored weekly and reported in the staffing paper.
HOM report to Chief Nurse/Trust board 6 monthly
Reported to Trust board in December 2022

Safety action 6 – The Saving Babies Lives v2 care bundle
Current position: Fully compliant

Element 1

CO monitoring		
	Booking	**36 weeks**
August 2022	81.10%	81.63%
September 2022	81.07%	78.18%
October 2022	87.31%	80.79%
November 2022	87.43%	79.29%
Overall Position	84.40%	80.11%

Element 2
No concerns
Element 3
No concerns
Element 4
Leads in post, training compliance >90% for relevant staff groups
Element 5:
No concerns

Evidence provided:
Quarterly care bundle survey
Audits – smoking in pregnancy, BMI>35, impact of Covid, antenatal steroids

Monitoring:
Monitoring; Maternity Safecare, monthly perinatal meeting, regional themed meetings and prevention work stream.
Reporting to LMS quarterly and evidence submitted to National Maternity team.

Safety action 7 – Maternity Voices Partnership

Current position: Fully compliant

Evidence provided:
Confirmation of remuneration received from all 3 MVP co-chairs – coordinated finances now by LMNS
MVP terms of reference
Minutes of meetings

Monitoring:
Maternity Safecare and regional MVP group. Link with Trust Patient Public engagement group.

Safety action 8 – MDT emergencies training

Current position: Fully compliant

Training requirements updated – must have >90% relevant staffing groups achieved specific training, must be MDT

MDT emergency training	Compliance (1 December 2021 – 30 November 2022)
	Overall compliance (F2F OR e-learning)
Obstetric Consultant	100%
Obstetric trainees	95%
Midwifery	100%
HCA/MSW	93%
Anaesthetic Consultant	100%
Anaesthetic trainee	92%

Fetal Monitoring training	K2 e-learning and/or F2F training & competency
Obstetric Consultant	100%
Obstetric trainees	90%
Midwifery	96%

Saving Babies Lives (core competency year 1)	e-learning or F2F session
Obstetric Consultant	100%
Obstetric trainees	90%
Midwifery	94%

NLS	e-learning module and/or F2F session
Midwifery	90%
Neonatal nurses	93%
Paediatric Consultants	100%
Paediatric Trainees	92%

Evidence provided:

Training records On departmental risk register Training Needs Assessment
Monitoring: Maternity Safecare, SBU Operational Board, Risk and Safety Council LMNS board

Safety action 9 – Board level maternity safety champions:
Current position: Fully compliant with this action
Evidence provided: Safety champion visit logs and live action plans Attendance of Non-Executive Director at MatNeoSIP regional & AQUA events
Monitoring: Safecare council (for Continuity of Carer progress oversight), monthly safety champion minutes

Safety action 10 – Early notification scheme
Current position: Fully compliant with this action
Evidence provided: NHS Resolution cross-check HSIB quarterly updates
Monitoring: Mortality & Morbidity Steering group Cross referenced to NHS Resolution

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 15iii

Report Title:	**Consultation of Midwives regarding Maternity Continuity of Care implementation and development of midwifery strategy**			
Name of Meeting:	Board of Directors meeting			
Date of Meeting:	25th January 2023			
Author:	Lesley Heelbeck, Head of Midwifery			
Executive Sponsor:	Gillian Findley, Chief Nurse and professional lead for Midwifery and Allied Health Professionals			
Report presented by:	Gillian Findley, Chief Nurse and professional lead for Midwifery and Allied Health Professionals			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☒	**Assurance:** ☒	**Information:** ☒
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☒ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Executive Management Team 9.1.223			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity, and inclusion*	• The Maternity Continuity of Care (MCOC) model roll out has been paused since January 2022 at Gateshead Health Foundation Trust as we cannot meet the recommended Birth rate safe staffing WTE. • The Head of Midwifery has reviewed the current MCOC strategy to ensure safe staffing. This was also escalated to the Trust board in August 2022. • The acute unit staffing is safe, and acuity will continue to be monitored daily and weekly to give assurance of this. • Senior staff, and midwives both in the acute unit and the community teams raised concerns at several away days in August 2022 about the sustainability and proposed inequity of our current model and that the national messages combined with the local challenges of operationalising the MCOC model had led to instability and			

<table>
<tr><td></td><td colspan="6">destabilisation of teams at an already challenging and unsettling time.
• An engagement exercise was then undertaken with all staff groups to explore alternative options for delivery of MCOC
• All teams involved in the engagement around the MCOC model were enabled to speak freely and openly. All staff were consulted from the acute maternity unit and the community service
• This paper details the results of the engagement and the proposed new model of MCOC.</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="6">The Trust board are asked to support the recommendation of Option 4 as a model for MCOC and community services.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1☒</td><td colspan="5">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim two ☒</td><td colspan="5">We will be a great organisation with a highly engaged workforce</td></tr>
<tr><td>Aim three ☒</td><td colspan="5">We will enhance our productivity and efficiency to make the best use of resources</td></tr>
<tr><td>Aim four ☒</td><td colspan="5">We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim five ☐</td><td colspan="5">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust corporate objectives that the report relates to:</td><td colspan="6">List corporate objective reference and headline – e.g., 1.4 Maximise the use of Nerve centre to improve patient care</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring ☒</td><td>Responsive ☒</td><td>Well-led ☒</td><td>Effective ☒</td><td colspan="2">Safe ☒</td></tr>
<tr><td colspan="7">Risks / implications from this report (positive or negative):</td></tr>
<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="6">Compliance with Birth rate plus midwifery and support staffing.</td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes ☐</td><td colspan="2">No ☒</td><td colspan="2">Not applicable ☐</td></tr>
</table>

Gateshead Health
NHS Foundation Trust

Consultation of Midwives regarding MCOC implementation and development of midwifery strategy

1. Executive summary December 2022

On the 21st of September 2022, all Provider Trusts in England were sent a letter from the CNO/CMO and National Clinical Director for England advising that there were immediate changes to the national maternity programme in the light of the continued workforce challenges that maternity services face:

- **There will no longer be a target date for services to deliver Midwifery Continuity of Carer (MCoC) and local services will instead be supported to develop local plans that work for them.**

There is a national recognition that MCOC as a model of care requires appropriate staffing levels to be implemented safely. Local midwifery and obstetric leaders are advised to focus on retention and growth of the workforce and develop plans that will work locally taking account of local populations, current staffing, more specialised models of care required by some women and current ways of working supporting the whole maternity team to work to their strengths. The Ockenden report and National team have advised that only Trusts that can demonstrate staffing which meet safe **minimum** requirements can continue their existing MCOC provision and continue the planned roll out.

In response to these recommendations:

- The HOM has reviewed the current MCOC strategy to ensure safe staffing within all the Maternity service and the continued implementation of the MCOC model. This was also escalated to the Trust board in August 2022.
- The MCOC model roll out has been paused since January 2022 at Gateshead Health Foundation Trust as we cannot meet the recommended Birth rate safe staffing WTE which is essential to be able to sustain the two MCOC teams already in place.
- Due to some critical long-term sickness in both teams, we are unable to staff the MCOC teams to the required 6.8WTE and an option appraisal has been developed with support and consultation of all staff and senior leaders.
- The acute unit staffing is safe, and acuity will continue to be monitored daily and weekly to give assurance of this.
- Community caseloads have also been reviewed to bring down to safe and recommended levels. Current recruitment into the community teams will continue support this.

- Successful bids for funding have been received to support Maternity support workers and health care support workers to align to community and MCOC teams

2. Introduction

Midwifery Continuity of Carer has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, the ambition for the NHS in England is for Continuity of Carer to be the default model of care for maternity services, and available to all pregnant women in England.

We have 2 Continuity of care teams based in central Gateshead. Due to the inability to fully recruit to increased WTE establishment and the impact of covid sickness absence, staff who have left or retired we remain below recommended Birth rate plus recommended safe staffing levels in both the acute and community midwifery teams.

During the third wave of the Covid 19 pandemic our escalation policy had to include and use the support of the continuity teams and resulted in disruption and dissatisfaction with work life balance especially with the newest team as they have been unable to develop their caseloads and their working patterns. A decision by the HOM was made in January 2022 to pause the roll out of a third MCOC team which was planned for March 2022 due to staffing vacancies.

The final Ockenden report subsequently advised all Maternity services to pause and review their safe midwifery staffing levels, which we had already done as a service.

In addition, Senior staff, and midwives both in the acute unit and the community teams raised concerns at several away days about the sustainability and inequity of our current model and that the national messages combined with the local challenges of operationalising the MCOC model had led to instability and destabilisation of teams at an already challenging time.

It was hoped that our recruitment strategy would have ensured that vacancies would be filled by June 2022 however we could only recruit midwifery students who qualified in September 2022 which left gaps in the workforce for more experienced staff. These gaps and vacancies were also within the community midwifery teams which increased caseloads for community teams. Within the acute unit we are unable to staff to the recommended birth rate acuity recommendations. This is

further compounded by the National and regional supply of midwives and midwives in training.

The position was further exacerbated by long-term sickness, leavers, and maternity leave amongst the midwives. Therefore, we have had to cease the intrapartum element of MCOC within both teams as the caseloads have increased and are above the recommended 1:36 caseload which is equivalent to 250 service users. The teams are now functioning as enhanced community midwifery teams with a reduced caseload compared to the traditional community midwifery teams. The Horizon team is supporting the community midwifery team with care to one GP practice and maintaining daytime intrapartum care for their mothers.

Several listening sessions have been held for all staff in the service. These sessions were held following the publication of the National letters requesting review of safe staffing and roll out of Midwifery Continuity of Care. We also wanted to ensure we listen to our Maternity staff voices, to understand what this will mean to their teams, working conditions and morale. It was noted that measures have been put in place to align with the national guidance and requirement but that due to ongoing challenges with recruitment and retention across all teams the department has been unable to provide recommended caseloads.

Throughout October and November 2022, the Senior Midwifery team and Safety Champions supported by the POD Team have facilitated listening session in respect of the Maternity Continuity of Care National Guidelines and the destabilisation of the teams.

The sessions were held on the following dates.

24th October – Maternity Education Room QE and via MS Teams
31st October – Maternity Education Room QE and via MS Teams
7th November – Maternity Education Room QE and via MS Teams
10th November – Community midwifery hub and via MS Teams
6th December -Community Midwifery hub Tyne View
15th December – MCOC team midwives hub Tyne View

3. Current Situation

The maternity department at GHNT in response to the MCOC national guidelines created two MCOC teams Horizon and Harbour. These were supported by funding from the NENC LMNS in 2020 and further investment from the Birth rate review business case supported by the Trust board. The teams that remained in the acute

unit did not reduce in numbers and in fact have increased as a response to the Birth rate review. At this time MCOC teams are unable to meet the criteria to provide MCOC as defined by the National teams as unable to meet the safe staffing recommendations.

The Continuity of care teams are based on national recommendations for safe staffing which are:

- The National Maternity Transformation team recommend that to provide a sustainable and safe level of continuity of care the numbers of midwives per team should be 6.8WTE to enable a maximum caseload number of 1:36 – 1:40(approximately 250 service users). The traditional community model of care is based upon 1:96 caseload (Birth rate recommendations).

- All 6 GP practices targeted by the teams are located within areas that are defined as being in the most deprived areas, as outlined by the English Indices of Deprivation 2019. Most of the women who are cared for by the Horizon team fall within the lowest three centiles on the deprivation scale, however there is some variation due to GP catchment areas.

- GP practices were identified as being in postcode areas where historically there were higher rates of poorer pregnancy outcomes using data over a 3-year period reviewing the highest incidence of:
  - Low birthweight babies (below 10th centile or below 2.5kg)
  - Antepartum Stillbirths
  - Preterm Deliveries
  - Women under 20 years of age

4. Current working model

The current community midwifery working model is based on Birth rate plus recommendations of 1:96 caseload per midwife. If the caseload is greater than this, two midwives should share it to reduce the caseload.

MCOC model

The National team recommend for a unit of our size and for our total mother's booked and eligible that we should have 7-8 teams of 6.8WTE/maximum of eight midwives to ensure full continuity of care model.

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Current WTE model

Team	Current funded WTE	Actual WTE	BR Recommended WTE	Caseload 1:96 CMW Caseload 1:36 MCOC
Community Midwives (traditional model)	19.88WTE	17.88 WTE	**23.07 WTE**	1:96 caseload for one midwife If greater than 1:96 this will be shared caseload with two midwives On call for home births and no MCOC
Horizon team	6.6WTE	5.56 WTE	**6.8WTE**	1:48 No night on call/temporarily picked up small caseload
Harbour team	4.44WTE	3.44 WTE	**6.8WTE**	1:69 No on call Some support provided for home births
Total	**30.92 WTE**	**26.88WTE**	**36.67 WTE**	

5. Findings and suggestions from listening events

All teams were enabled to speak freely and openly supported by the senior midwifery team and HOM and the Chief Nurse and NED acting as safety Champions. Representatives from the POD team were present for most of the events as were the Professional Midwifery advocates. All staff were consulted from the acute maternity unit and the community service.

The comments have been summarised and are listed in the appendix.

Golden Threads

Following the listening sessions, the POD team have been tasked with collating the golden threads from the session by providing a written report which details any issues raised.

- ✓ There was consensus that if there were more community midwives with more time to listen to women, there would be better outcomes for all.
- ✓ Now is the time to review community midwifery

Gateshead Health NHS Foundation Trust

- ✓ Continuity works well when the team is well staffed. We give excellent care to the women as we have the extra time to have longer appointments so get to know our women well.
- ✓ When the team was fully staffed, we could get to know the women that weren't our women as we had the time to. However, at present there isn't the time to do that as we are not working as a fully staffed team.
- ✓ Ideally all community midwives should smaller caseloads so all women can get the same care.
- ✓ Home birth service – the home birth rate has increased 22/23 with midwives attending twenty-seven home births.
- ✓ When there is a homebirth, this can take midwives away from other duties – limit on midwives who can provide on call.
- ✓ Whilst this is great care for the woman, is it equitable? Do they get a better service? Develop contracts/agreements for mothers to agree t0?
- ✓ On call for home birth is problematic as often after working through the day as this cannot be planned.
- ✓ Dissatisfied with standard on call payments
- ✓ Community teams felt that service users get good continuity from the existing arrangement where they see their midwife at the GP practice.
- ✓ There was discussion about how you can realistically do a risk assessment for each woman. Some midwives felt that this would be too subjective.
- ✓ Some concerns that if we use a risk assessment method to identify women to be moved to a CoC team this will be hard to manage geographically.
- ✓ There was a suggestion that a better option may be to introduce the labour ward staff to the women during their pregnancy.
- ✓ MSWs used to arrange tours to labour ward, and this was always well received by the women. General view that these should restart as soon as possible.
- ✓ The online tour also probably needs re-filming that the new theatre and pool room are complete.
- ✓ **There remains a very distinct line between hospital midwife's and community midwife's and continuity does not seem to have bridged that gap**
- ✓ There is a level of being over scrutinised by senior teams in both community and the Acute unit (band 7)
- ✓ **Better understanding and communication within wider teams of how the MCOC model works and how caseloads are chosen**
- ✓ Poor attitude and behaviour witness by MCOC team of treatment of their caseloads.

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What's working well?

- ✓ Staff still turning up to work and giving 100% regardless how difficult things are within Community.
- ✓ Tasks undertaken by staff with the relevant skill set works well but realistically with continuity of care have we got the staff available to drive this. The national message now is safe personalised care for all women.
- ✓ Success during covid re the increase to numbers of women wanting home births – suggest a home birth team.
- ✓ The connections with the Jewish community which have taken a long time to build up. We need to ensure newly qualified are introduced to this group of women to reduce the 'fear' attached to the workload associated with this caseload.
- ✓ Maternity Support Workers – using these posts effectively, including informal 'buddy' systems

What works well in MCOC teams

- ✓ We are a good strong supportive team
- ✓ After working in this model for more than 2 yrs. the benefits which is built in individualised care, meaning extra time to give both antenatally and postnatally and as a team getting to know the women and their individual needs.
- ✓ Over the 2 yrs. I have been at the birth of 3-4 of my mothers, which isn't a massive amount. However, the extremely elevated risk / vulnerable women of the other ladies in horizon whose births I feel has been invaluable for these mothers. I have known all about them and on occasion met them too prior to the birth.
- ✓ To support MCOC there needs to be a continued commitment to staff the team fully and in a timely manner for it be successful.
- ✓ As a team we have a very strong bond and work well together supporting each other , I love working in horizon, and am the happiest I have been in my 20 + yrs. midwifery , partly down to working with the other horizon midwives and partly due to job satisfaction of getting to know the women on a more holistic approach and knowing that I have the time to give the best care possible to them too.
- ✓ New Band 7's here highly praised for their support.

Concerns

- ✓ midwives working in different teams at the same GP practice could result in women slipping through the net. not every woman from this GP's caseload would be classed as the 'most vulnerable'

- ✓ working as part of a full continuity model was unsustainable and detrimentally impacted our work life balance.
- ✓ Not convinced CoC supports newly qualified midwives as they can't go into community within the first year of qualifying. Need to identify core teams to support newly qualified to gain their competencies.
- ✓ Worried about new B5s working into Community without the required support, not efficiently staffed to offer full preceptorship to newly qualified.
- ✓ Newly qualified moved around a lot and expected to instruct students – need to provide newly qualified with relevant skill set, one step at a time. Protected time needed and so do the preceptors.
- ✓ Suggest Risk Assessment conducted to identify the appropriate women to refer onto CoC.
- ✓ Antenatal pathway needs to be right and intrapartum two pathways if expected to concentrate on 250 women but what about the other mothers accessing our service.
- ✓ National Message is to provide Safe Personalised Care for all Women.
- ✓ Previously had CoC at Oxford Terrace - 2 midwives delivered the clinics and saw every woman prior to the introduction of CoC, two became six and this resulted in you rarely seeing your own women.
- ✓ We worked in Teams i.e.: West and that team would be responsible for following the woman through on labour ward and postnatal ward as part of the same team.
- ✓ If Badger is used correctly then it is a whole different ball game.
- ✓ Postcodes do not necessarily reflect the social needs of the woman.
- ✓ How do we identify vulnerable groups appropriately
- ✓ If we get it right in Community, it will work well elsewhere. Women talk, reputation gets known and women come on recommendation.
- ✓ Can we roll out our own model at our own pace (This is the plan).
- ✓ What happens if women choose to have their babies at RVI – its' down to personal choice.
- ✓ Introduction of CoC has been extremely difficult and desperate time for staff. I worked 76hr week (only employed to work 30hrs) became a big drain and at end of my tether, ready to give up my career.
- ✓ Do we need to review the 15-minute allocation for appointment times.
- ✓ Staffing looks fine on paper, but those that work on the bank broke their backs. The bank shifts were created because of the extra worked incurred through the continuity model.
- ✓ Not all midwifes want to work in hospital intrapartum care, some find it too stressful and prefer the community.

- ✓ Concerns regarding rotational posts which allow 6 weeks in each area, if you account for a two-week settling in period that is only four Think now is the appropriate time to review Community midwifery
- ✓ Some terminology not helpful e.g., enhanced care – feels like if it's not COC then it's not gold standard which feels like a kick in the teeth
- ✓ From a hospital perspective, some women don't know who their COC midwife is – feels the opposite to what the aim of COC is
- ✓ COC is great for vulnerable women, but don't offer it for the sake of it – select wisely. A professional referral into COC based on a risk assessment at initial appointment.
- ✓ It feels like the care that we give now isn't being appreciated – we give high quality care anyway, this feels like you're not seeing that.
- ✓ Oxford Terrace women often fall through the cracks, we need to concentrate efforts here.
- ✓ Could we introduce a Drug and Alcohol midwife and a Teenage Mother midwife? (Public Health Midwife will combine this in her role)
- ✓ Changes were imposed on us re-how we work leaves us open to scrutiny-often wanted to bully not constructive
- ✓ We have been used to help alleviate pressure in the unit/community throughout covid and have done so, however when we have expressed need for halting on calls because of long term understaffing/staff sickness, perception has been that this is for convenience as over Christmas - ie. not appreciating that we have been collaborating with depleted team and additional caseload in Chopwell with 1hr round trip with each visit
- ✓ In January we will be returning to working NOCs without change to our staffing nos or additional caseload – (this is not fact)
- ✓ The team have lots of service improvement ideas and the Hybrid model was again raised for Oxford Tce and Rawlings Road. This included fixed days in the unit, set shifts and no on call.

6. Option appraisal

The revised Maternity and Neonatal delivery plan will be published by NHSE in February 2023 and will outline the strategy for maternity and neonatal services in England for the next 3-5 years. Until we know what this is we will plan our services aligned to the resources that we have to deliver the current transformation plans and the NHS Long term plan.

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1. Do nothing:

The current way of working is not effective, and we are unable to provide MCOC in either team. The community midwifery teams have had a caseload review however we have long term sickness and maternity leave which is resulting in increased caseloads in the short term.

- **Benefits –** Cost neutral
- **Risks –** Poor staff morale, inability to retain staff, poor experience for mothers and newly registered midwives. Unable to provide continuity of care and rotation of midwives to maintain skills and training. This model will maintain the instability and lack of clarity for our midwifery model of working over the next 3 years.

This option is not recommended as it does not meet the national strategy for MCOC and leaves teams understaffed.

2. No MCOC teams. Full review of community midwifery caseloads to ensure all meet 1:96. Focus on most challenged deciles and demographics /poorest outcomes increase midwifery input by reducing caseloads to nearer 1:60 for mothers in these areas.

In this option we would use 8.96WTE that are in the MCOC teams to reinforce and reduce current community midwifery team caseloads. Review of caseloads to focus on key areas of deprivation and population needs rather than GP practice.

Benefits;

- Cost neutral
- Would be birth rate compliant
- Facilitate training for community midwives as would include community midwifery updates 1 day per week or as could be accommodated.
- Include integration and buddy system of NQ midwives into lower caseload areas to support this.
- Result in more integrated teams and hopefully shared vision and personalised care – rotate with community midwife as they come in to know the team
- Include extra MSW to support vulnerable areas and key mothers/parent craft and infant feeding
- Include 2 HCA posts agreed to support clinics
- Have a more robust home birth on call system

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Risks –

- We would not be able to provide the full student midwife placement as MCOC is part of the curriculum.
- We would have to return bid for MSW 77k to LMNS as we would not have a MCOC team.
- We do not need to do this to ensure safe staffing so could be questioned about the decision.
- Poor staff morale in current MCOC teams
- Would be working against regional strategy and National NHSE delivery plan.
- Would be an outlier in the regionally and within ICS.
- MVP /service users may not support this.

This could be a short-term solution until we fully recruit however will not allow teams to settle if we the change and move forward to MCOC in the medium term and lead to greater instability.

Option two

Team	Current WTE	Actual WTE	BR Recommended	Caseload
Community Midwives (traditional model)	19.88WTE	17.88 WTE	**23.07 WTE**	1:96 Home birth service Support from 4.8 MSW and 2 HCA Need 3.19 WTE form MCOC teams to enable Birth Rate compliance
MCOC teams	11.04 WTE	9.00WTE	**13.6 WTE**	7.85 WTE available for integrated model 5.81 WTE Actual WTE available
Total midwives available	**30.92 WTE**	**26.88WTE**	**36.67 WTE**	

This option is not recommended because it does not meet the national strategy for provisions of MCOC for the most deprived mothers and it would severely limit our ability to train students. It is likely that universities would withdraw student placements as the full curriculum could not be delivered.

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3. **Combine MCOC teams of 9.00 WTE to make one team of 6.8 WTE and ensure delivering enhanced MCOC with support of designated MSW**

The current MCOC teams would be merged to meet the 6.8WTE and deliver MCOC to most vulnerable caseload identified through risk assessment and assess vulnerability.

Risk assessment is different from assessment of vulnerability as all mothers are risk assessed to ensure on correct pathway.

MCOC team to only book onto pathway after vulnerabilities identified. The pathway will include intrapartum care and designated MSW aligned to the MCOC team.

With the remaining midwives from the second MCOC team and rotational midwives from the acute unit develop enhanced vulnerable pathway for focused group e.g., Asylum seekers, non-English speaking mothers, previous still birth. This team will support the home birth service and other community midwives with increased vulnerability within their caseload.

Community midwifery teams reviewed to ensure 1:96 caseload.

Integration of midwives from Acute unit into buddy system to facilitate community midwives to gain competency within the unit and new registrants and hospital midwives to gain competency and experience in MCOC and enhanced pathway. This will also enable acute unit midwives to support with parentcraft and get to know the mothers.

Team	Current WTE	Actual WTE	BR Recommended	Caseload
Community Midwives (traditional model)	**19.88WTE**	**17.88 WTE**	**23.07 WTE**	1:96 Home birth service Support from 4.8 MSW and 2 HCA
1 MCOC team	**11.04 WTE**	**9.00WTE**	**6.8 WTE**	**4.24 WTE** available for integrated model 2.2 WTE Actual WTE available
Total midwives available	**30.92 WTE**	**26.88WTE**	**36.67 WTE**	

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Benefits: -

- Provide MCOC with appropriate staff and caseloads 1:36
- Student midwife placement experience
- Facilitate targeted enhanced MCOC not by GP
- Develop robust triage and self-referral around risk assessments for eligibility to MCOC team based on vulnerability
- Provide night on call for intrapartum care
- Improve outcomes for our vulnerable service users
- Acute teams would know the model and how it works to ensure shared vision and purpose
- We would include rotation and buddy system for x 2 NQ midwives to enable experience and development of MCOC
- 2.2 WTE back into community midwifery teams
- Provide blueprint of working model for further teams in the medium term
- Cost neutral
- Meet regional and National aspirations

Risks: -

- Damage staff morale in the MCOC teams
- Small teams carry the risk of instability if long term sickness or maternity leave therefore rotation is essential
- Small team carrying selected caseloads – is this equitable?
- Would not be able to support home birth teams on call
- Sustainability/creation of silo team working
- Inequity of provision of care
- Work life balance

This option is not recommended because the model is provided by a small team and therefore vulnerable and does not target all of the vulnerable mothers in this area.

4. 1 MCOC team with smaller enhanced community team

Team	Current WTE	Actual WTE	BR Recommended	Caseload
Community Midwives (traditional model)	19.88WTE	17.88 WTE	**23.07 WTE**	1:96 Home birth service Support from 4.8 MSW and 2 HCA

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1 MCOC team	6.8WTE	6.6WTE	**6.8 WTE**	MCOC with intrapartum care
One enhanced team	4.44 WTE	3.44 WTE	**6.8WTE**	Enhanced community midwifery care Support Home birth on call No intrapartum care with their caseload
Total midwives available	**30.92 WTE**	**26.88WTE**	**36.67 WTE**	

Benefits; -

- Provide MCOC and enhanced community midwifery care for focused group of service users e.g., Embassy Hotel, Jewish mothers
- Some intrapartum care would be maintained via the MCOC team
- Support Home birth on call by the enhanced team
- Enhanced team could also have a focus on home birth support by providing on call
- Support student midwife curriculum
- We could support the enhanced team with acute unit midwives as suggested and have more integrated working
- Improve outcomes for vulnerable service users
- Meet regional and national aspirations
- Create a blueprint for the future to develop more integrated teams

Risks; -

- Damage staff morale in the MCOC teams
- Small teams carry the risk of instability if long term sickness or maternity leave therefore rotation is essential
- Small team carrying selected caseloads.
- Sustainability/creation of silo team working
- Inequity of provision of care
- Work life balance
- **Sustainability and creation of silo teams within the community/Acute**

- **Feeling of non-equity for other midwives regarding provision of quality care**
- Would be working against regional strategy and National NHSE delivery plan
- Would be an outlier in the regionally and within ICS
- MVP /service users may not support this

This is the recommended option as it maintains 1 MCOC team which can become established again and develop a smaller enhanced team to provide care to the most vulnerable at the embassy hotel/asylum seekers and support the home birth service.

5. Creating 2 MCOC teams

Team	Current WTE	Actual WTE available	BR Recommended	Caseload
Community Midwives (traditional model)	19.88WTE	17.88 WTE	**23.07 WTE**	1:96 Home birth service Support from 4.8 MSW and 2 HCA
2 MCOC team	11.04 WTE	8.15 WTE	**13.6 WTE**	MCOC with intrapartum care for two teams Not supporting CMW with home birth Acute unit pressures
Total midwives available	**30.92 WTE**	**26.03WTE**	**36.67 WTE**	

Benefits: -

- Provide MCOC with appropriate staff and caseloads 1:36 for larger group of service users
- Facilitate targeted enhanced MCOC not by GP
- Develop robust triage and self-referral around risk assessments for eligibility to MCOC team
- Provide night on call for intrapartum care
- Improve outcomes for our vulnerable service users
- Acute teams would know the model and how it works

- We would include rotation and friend of x 2 NQ midwives to enable experience and development of MCOC
- Student midwife placement experience
- Provide blueprint of working model for further teams in the medium term
- Meet regional and National aspirations
- Create a blueprint for the future to develop more teams
- Provide greater intrapartum cover and support for the acute unit and service users

Risks; -

- Birth rate recommends 36.67 WTE for this model and currently we do not have the staff in post
- Requires further investment into WTE
- Would require further integration from acute unit and training for subsequent teams and to cover annual leave and sickness
- Sustainability and creation of silo teams within the community/Acute
- Feeling of non-equity for other midwives regarding provision of quality care
- Small teams carry the risk of instability if long term sickness or maternity leave therefore rotation is essential
- Small team carrying selected caseloads.
- Work life balance
- Feeling of non-equity for other midwives regarding provision of quality care

This option is not recommended because there are insufficient midwives in post to achieve compliance with this model and little prospect of recruiting to the required level to support this option.

6. Full-service reconfiguration for the midwifery model of care

Benefits: - The full benefits of a full-service reconfiguration are yet to be realised in maternity units within England due to the current service pressures. However, evidence provided suggests:

- Improved outcomes for mothers
- Integrated service
- Core skilled acute unit midwives
- Expertise gained in all aspects of midwifery care
- All midwives aligned to community teams and rotating into the unit, this could be done on fixed shifts if the whole service changed

- Within this model all home births would be accommodated by their team so full provision and dedicated midwives who have not been at work all day
- Provide MCOC with appropriate staff and caseloads 1:36 for larger group of service users
- Facilitate targeted enhanced MCOC not by GP
- Develop robust triage and self-referral around risk assessments for eligibility to MCOC team
- Provide night on call for intrapartum care
- Improve outcomes for our vulnerable service users
- Acute teams would know the model and how it works
- We would include rotation and friend of x 2 NQ midwives to enable experience and development of MCOC
- Student midwife placement experience
- Meet regional and National aspirations
- Create a blueprint for the future to develop more teams
- Provide greater intrapartum cover and support for the acute unit and service users

Risks: -

- **Significant investment required**
- **Significant staff engagement required**
- **Significant investment in estate for community hubs and bases**
- Huge service change and new way of working
- Needs planning, finance, and support
- Training and competency to achieve this would need at least a year to plan
- May not be safe
- Staff engagement and willingness to change would take a hug consultation
- We do not have the staff to do this

This option is not recommended because there are insufficient midwives in post to achieve compliance with this model and little prospect of recruiting to the required level to support this option.

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Summary

The maternity service is unable to provide full MCOC as planned with the Horizon and Harbour teams. This is due to critical long-term sickness in both teams. We are unable to staff the MCOC teams to the required 6.8WTE.

This paper highlights the option appraisal developed with support and consultation of all staff and senior leaders.

The acute unit staffing is safe, and acuity is monitored daily and weekly to give assurance of this.

Risk assessment is different to assessment of vulnerability as all mothers are risk assessed to ensure on correct pathway therefore this must be included in the model as a combined tool for MCOC pathway.

Community caseloads have also been reviewed to bring down to safe and recommended levels. Current recruitment into the community teams will continue support this but there is pressure with long term sickness at this time.

The options have been discussed and presented by the Head of Midwifery to the Chief Nurse for the Trust. These have been scoped out to ensure delivery of the safety elements of the MCOC strategy which is to focus on the most vulnerable groups in our geographical catchment area.

Our option appraisal has included the priorities of the NENC LMNS Equity and Equality action plan for 2022-2027 around MCOC which are:

Action	Timescale	Action owner	Groups who will benefit most
Make sure the building blocks for safe and sustainable transformation are in place, as set out in delivering midwifery MCoC at full scale.	October 2022 to March 2027	LMNS/Trusts	Black, Asian and Mixed ethnic groups; those living in the most deprived areas.
Work with Trusts to make sure that at least 75% of all women from Black, Asian and Mixed ethnic groups and those from the most deprived neighbourhoods are provided with MCoC.	October 2022 to March 2023	LMNS/Trusts	Black, Asian and Mixed ethnic groups; those living in the most deprived areas.

Recommendations

The revised Maternity and Neonatal delivery plan will be published by NHSE in February 2023 and will outline the strategy for maternity and neonatal services in England for the next 3-5 years. Until we know what this is we will plan our services aligned to the resources that we have to delivery of the current transformation plans and the NHS Long term plan.

The preferred option of is option four. This meets the needs of our service users which is our priority and builds on the previous model implemented over the past 2 years. The aim is to improve outcomes for vulnerable service users.

The current WTE would be able to provide this and support smaller more focused, enhanced caseloads in areas such the Embassy Hotel asylum seekers and mothers in the deciles with the poorest backgrounds in central Gateshead and other identified areas of deprivation. We would be able to provide MCOC in its true form of providing intrapartum care with one team and enhanced care with the other.

The enhanced team would support the home birth on call and both teams along with the traditional community teams would support the student midwife training curriculum. The enhanced and MCOC team would support rotation and development of new registrant and acute unit midwives and lead to a more integrated model of working.

It is proposed that this model will be further re-evaluated in 12-18 months to make amendments if required. The new maternity and neonatal delivery plan will be published in early 2023 and may alter our current strategy. The aim is that we will create together as a team a blueprint for the future to develop more integrated teams and lead to better outcomes for our vulnerable groups and improved job satisfaction for our midwives.

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 16

Report Title:	**Regional Aseptics (Injectable Medicines) Production Hub**			
Name of Meeting:	Trust Board Meeting			
Date of Meeting:	25th January 2023			
Author:	Matt Brown, Managing Director NENC Provider Collaborative			
Executive Sponsor:	Gillian Findley, Chief Nurse and Professional Lead for Midwifery and AHPs			
Report presented by:	Gillian Findley, Chief Nurse and Professional Lead for Midwifery and AHPs			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☐	**Information:** ☒
	This paper for NHS Foundation Trust (FT) Boards in the North East and North Cumbria (NENC) is intended to: • Give an overview of the proposal for the development of an aseptics pharmaceutical production hub; • Provide an update on progress, and decisions made by CEOs as part of their membership of the Provider Leadership Board; • Set out next steps, not least in terms of submission and approval of Outline and Full Business Cases to secure the nationally allocated capital for the project. FT Boards are asked to note the proposal, progress and next steps.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☒
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	Provider Collaborative Meeting			
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal*	Following discussions and CEO approval at the Provider Leadership Board, the NENC Provider Collaborative plans to establish a NENC aseptics pharmaceutical production hub at Seaton Delaval, as part of a hub and spoke model, with two initial key priority areas: • Injectable chemotherapy medicines supply; • Addressing nursing time currently spent preparing injectable medicines, which is primarily Ready to Administer (RtA) injectable antibiotic medicines in clinical areas.			

<table>
<tr><td>

- *Equality, diversity, and inclusion*

</td><td colspan="5">Two other potential areas are currently under review:
• Parenteral nutrition production;
• Provision of centralised over labelling of medicines.

This will deliver substantial benefits improving clinical safety, delivering a reliable and affordable supply of products for patient use, freeing up capacity on hospital sites and directly releasing significant nursing time for patient care.

This paper provides an update on progress towards the full business case following the approval of the outline business case last year. The Trust is fully engaged in the project and development of the business case.</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="5">Trust Board is asked to:

• Note the content of the report, the progress being made and the target of April 2023 for production of the full business case</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☒</td><td colspan="4">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2
☐</td><td colspan="4">We will be a great organisation with a highly engaged workforce</td></tr>
<tr><td>Aim 3
☒</td><td colspan="4">We will enhance our productivity and efficiency to make the best use of resources</td></tr>
<tr><td>Aim 4
☒</td><td colspan="4">We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim 5
☒</td><td colspan="4">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust corporate objectives that the report relates to:</td><td colspan="5">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☐</td><td>Responsive
☐</td><td>Well-led
☒</td><td>Effective
☒</td><td>Safe
☒</td></tr>
<tr><td colspan="6">Risks / implications from this report (positive or negative):</td></tr>
<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="5"></td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes
☐</td><td colspan="2">No
☐</td><td>Not applicable
☒</td></tr>
</table>

North East and North Cumbria
Provider Collaborative

Aseptic (Injectable Medicines) Production Hub

Update for NHS Foundation Trust Boards

January 2023

1. Purpose of Paper

This paper for NHS Foundation Trust (FT) Boards in the North East and North Cumbria (NENC) is intended to:

- Give an overview of the proposal for the development of an aseptics pharmaceutical production hub;
- Provide an update on progress, and decisions made by CEOs as part of their membership of the Provider Leadership Board;
- Set out next steps, not least in terms of submission and approval of Outline and Full Business Cases to secure the nationally allocated capital for the project.

FT Boards are asked to note the proposal, progress and next steps.

2. Introduction

The North East and North Cumbria (NENC) Provider Collaborative is a formal partnership of all 11 NHS Foundation Trusts (FTs) in the region. Together it covers the entire geographical footprint of the NENC Integrated Care System, from North Yorkshire up to the Scottish borders, and provides the vast majority of all secondary NHS care services with millions of patient interactions every single day. Its Leadership Board is attended by CEOs from each of these FTs.

Following discussions and CEO approval at the Provider Leadership Board, the NENC Provider Collaborative plans to establish a NENC aseptics pharmaceutical production hub at Seaton Delaval, as part of a hub and spoke model, with two initial key priority areas:

- Injectable chemotherapy medicines supply;
- Addressing nursing time currently spent preparing injectable medicines, which is primarily Ready to Administer (RtA) injectable antibiotic medicines in clinical areas.

Two other potential areas are currently under review:

- Parenteral nutrition production;
- Provision of centralised over labelling of medicines.

This will deliver substantial benefits improving clinical safety, delivering a reliable and affordable supply of products for patient use, freeing up capacity on hospital sites and directly releasing significant nursing time for patient care.

Production currently takes place in 9 units across the region, all based within existing hospital sites. Establishing a hub will free up existing space and allow efficient production of high volume supplies, meeting the growth in anticipated demand, while maintaining services and allowing capacity to increase at the existing sites as "spokes" for the production of aseptic supplies with short shelf lives or which are bespoke.

In terms of national context, Department of Health and Social Care published in Autumn 2020 a report by Lord Carter of Cole called "Transforming NHS Pharmacy Aseptic Services in England". The NENC approach and plans are in line with, and at the forefront of, the national strategy outlined in the report which proposes developing *"A national network of regional hubs with the capacity to produce high volume products on an industrialised scale using automated systems in off-hospital sites"* and sets out that, *"Using this approach and working with the NHS and commercial organisations we can*

- *Build a system which is resilient and has capacity.*
- *Remove unwarranted variations through standardisation.*
- *Increase safety and the transparency of quality assurance for patients.*
- *Assure continuity of supply*

Such fundamental changes in the operating model, moving from small over-stretched units to a fully integrated hub and spoke model will protect the bespoke medicines for individual patients manufactured on site whilst creating the capacity to manufacture standardised products at scale, releasing significant nurse time on wards and freeing up NHS beds by enabling care closer to home"

NENC have provisionally been allocated £29.7m of capital funding by NHS England (out of a national total of £75m) to deliver the injectable medicines hub, pending approval of the OBC and FBC submissions, and are one of only 5 pathfinder sites in England for aseptic medicine production.

3. Strategic Case

Injectable, or aseptic, medicines in NENC are a critical part of safe and high-quality patient care. Current injectable medicine production units in the region prepare around 4 million doses each year. However, NENC is not on a sustainable footing for the supply of injectable medicines and there is an urgent need for a fundamental change in the way they are produced due to an unreliable supply chain, and current capacity constraints, to continue to deliver quality and timely care to our patients.

Key concerns in NENC are:

1. The commercial market for pre-prepared injectables that can be purchased ready to administer has become increasingly fragile. This inconsistency of supply makes it difficult for the on-site NHS facilities to plan and resource the demand and this impacts patient treatment.
2. There are increasingly urgent resilience issues across many of our units. Our ageing estate will need continued investment to maintain current supply demand (not withstanding future growth in demand). A centralised hub will provide a contingency for our units and alleviate reliance on commercial outsourcing.

3. Existing capacity and planned increases are not sufficient to meet future demand. Demand is expected to grow at 7% per year, and all aseptic units across the trust will be at capacity within 10 years, with some already operating above the 80% recommended capacity threshold.
4. The specialist technical expertise required to staff these facilities is an ageing workforce and is becoming increasingly difficult to recruit into. There is a heavy reliance on pharmacy technicians in the existing facilities, and these staff are not being trained at a rate that will match increasing demand.
5. There is no contingency for some key services, such as provision of home parenteral nutrition which is reliant on 3rd party suppliers and has frequent lags in supplying to patients.
6. Technology is moving rapidly as advances in automation and robotic technology enable faster and more accurate production with greater efficiency. Many of these new technologies offer greater return on investment in units processing high volumes, however individual Trust services may not be able to afford modern technologies, which are only viable at scale. Having a single hub will allow us to maximise the use of technology whilst investing efficiently.
7. The proposed development aligns with the NHS England and Improvement Aseptic and Manufacturing Reviews which recommended centralised regional provision to enable efficiency gains and to ensure a robust continuous supply of critical injectable medicines.

4. Project Objectives

The core objectives for the creation of the new service are to:

1. Expand existing pharmacy production capability, capacity and product portfolio across the North East and North Cumbria Integrated care System (NENC ICS).
2. Centralise and standardise production and chemical QC analysis, raw material procurement and distribution of quality manufactured pharmaceutical products. Micro QC testing will continue in collaboration with North Tees and Hartlepool NHS Foundation Trust.
3. Ensure patient safety through the provision of consistent high quality standardised injectable medicines across the NENC ICS and beyond.
4. Alleviate clinical staff capacity constraints through provision of ready to administer aseptic products i.e. releasing nursing time to care and developing a skilled specialist local production workforce.
5. Improve resilience of the existing supply chain of high-quality manufactured products in a contemporary facility and gain manufacturing efficiencies through scale.
6. Respond to Department of Health and Social Care (DHSC) and National Health Service England (NHSE) ‘Transforming NHS Pharmacy Aseptic Services in England' review, and forthcoming NHSE NHS Pharmacy Production review. The main outputs and recommendation of which are:
    a. Meet the expected increase in demand for IV chemotherapy and NHS Long Term Plan goals on cancer
    b. Safe and resilient supplies of these medicines

   c. Ability to expand Outpatient Parenteral Antimicrobial Therapy (OPAT) services to support elective recovery
   d. Improve medicines safety – reduced errors in ward-based manipulation
   e. Ability to support innovative new medicinal therapies and clinical trials
7. Increase regional pharmaceutical laboratory capacity and increase capability to ensure a responsive product pipeline to evolving clinical needs – both from expanded NENC production unit and freed up space in existing units across the region.
8. Secure a highly skilled workforce pipeline by creating a training academy to capitalise on available local population, and free up time for the existing pharmacy workforce.
9. Provide a contingency for current units in the event of local facility downtime.
10. Improve patient flow through the provision of a broader and more robust supply of over labelled medicines.

5. Target Operating Model

Key features of the proposed target operating model are:

1. The creation of an off-hospital site production facility, the "hub", producing specified high volume aseptic injectable supplies (such as chemotherapy drugs), Ready to Administer medicines, and possibly parenteral nutrition for health care providers across the NENC ICS region and potentially wider once market demand has been assessed and the business cases finalised.
2. Onsite hospital "spokes" which will continue to produce aseptic supply with a short shelf life, and bespoke products to meet specialist needs.
3. A new pharmacy technical workforce model with standardised working practices and improved access to training and development which supports the sustainability of services today and in the future and provides skilled jobs into the region.
4. Future production delivered by a hub and spoke model reducing costs through economies of scale and greater efficiency, improving resilience with the potential to accommodate increases in the volume of work and the operating scale to make the adoption of new technologies viable.
5. To reduce unwarranted variation in service delivery of aseptic medicines in NENC.
6. Safe and regular logistics service to support planned deliveries to hospital sites to meet clinical needs of patients, and to minimise storage space on hospital sites. As stocks will be maintained on site the service will be able to support ad hoc shortages however the service will work with hospitals to plan deliveries with urgent deliveries being supported by exception.
7. Investment in modern equipment platforms improving standardisation and quality control.

6. Project Governance

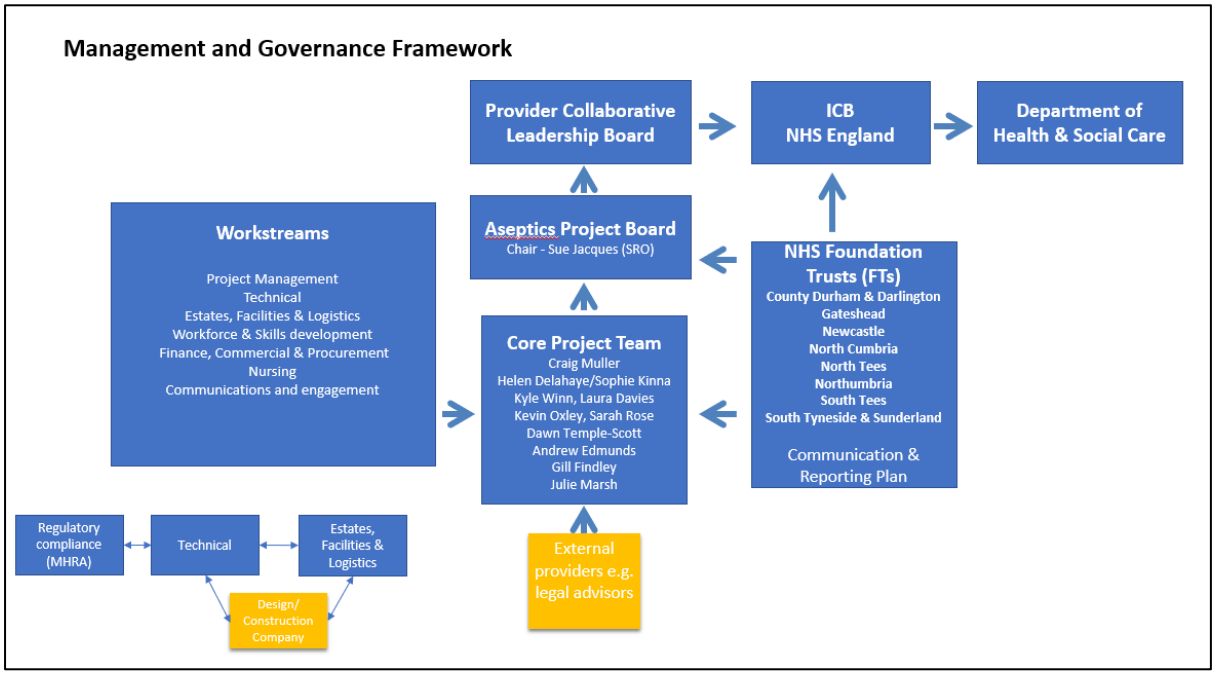
To oversee this complex programme of work, an Aseptics Project Board has been established, which reports directly into the Provider Leadership Board (which is the formal meeting between CEOs that

leads the Provider Collaborative) and includes senior membership from the Integrated Care Board (ICB).

The Aseptics Project Board is chaired by Sue Jacques (Chief Executive, County Durham and Darlington NHS FT) as the Senior Responsible Officer for the Provider Collaborative. Progress is reported regularly to the Provider Leadership Board with issues highlighted and input from FT CEOs and their teams as necessary.

Membership of the Aseptics Project Board was carefully thought through to ensure a specific range of expertise and Director representation from each of the eight Acute Foundation Trusts across the North East and North Cumbria (NENC).

Aseptics Project Board Membership		
Name	Title	Organisation
Sue Jacques (Chair)	Chief Executive	County Durham and Darlington NHS FT
Jackie Bilcliff	Chief Finance Officer	Newcastle-upon-Tyne Hospitals NHS FT
Angela Bolch	Chief Pharmacist	North Tees and Hartlepool NHS FT
Matt Brown	Managing Director	NENC Provider Collaborative
Levi Buckley	Chief Operating Officer	North Tees and Hartlepool NHS FT
Liz Davies	Director of Communications	South Tyneside and Sunderland NHS FT
Helen Delahaye	Consultant Project Director	NENC Provider Collaborative
Andrew Edmunds	Director of Innovation	Northumbria Healthcare NHS FT
Gill Findley	Chief Nurse	Gateshead Health NHS FT
Jill Foster	Executive Chief Nurse	North Cumbria Integrated Care NHS FT
Nicola Hutchinson	Chief Executive Officer	NENC Academic Health Science Network
Ewan Maule	Director of Medicines and Pharmacy	NENC Integrated Care Board
Craig Muller	Project Manager	NENC Provider Collaborative
Kevin Oxley	Director of Estates, Facilities and Capital Planning	South Tees Hospitals NHS FT
Graeme Richardson	Chief Pharmacist	South Tyneside and Sunderland NHS FT
Kate Thompson	Executive Director of People and Organisational Development	Northumbria Healthcare NHS FT
Neil Watson	Clinical Director of Pharmacy	Newcastle-upon-Tyne Hospitals NHS FT



7. Progress

As the total capital allocation of £29.7m is over the national £25m threshold, it is necessary to follow the approval processes for Outline Business Case (OBC) and then Full Business Case (FBC), in line with HM Treasury Green Book guidance. These processes are not straight-forward, particularly for a project of this scale and complexity across a number of organisations.

Nevertheless, the work required to generate the OBC and FBC is necessary to ensure clarity for the implementation of the project and for FT Board sign-off.

Rapid progress is being made on the required work for the OBC and FBC, as well as the planning for implementation of the hub across a range of areas, particularly on the workforce strategy, estates plans, commercial and legal model, technical and operational delivery plans.

The Strategic Outline Case (SOC) for the project was received and agreed by the Provider Leadership Board (PLB), which has all NENC FT CEOs as members, in June 2022. The Provider Leadership Board, working under the Collaboration Agreement that was approved by all FT Boards in the summer of 2022, agreed to the further development of the model and the need for Outline and Full Business Cases to be developed in line with Green Book methodology.

The initial Outline Business Case (OBC) v2.0 was supported by the Aseptics Project Board, then received and agreed by the NENC Provider Collaborative Leadership Board (PLB) on Friday 14th October 2022.

Following this, the OBC was submitted for review to the NHSE England regional team on Tuesday 18th October 2022. Feedback on the OBC was received from NHS England on 5th December 2022, that the overall OBC was in line with expectations, but more detailed clarification was required in a number of areas. Detailed work has been undertaken to address these areas and the revised OBC

v3.0 will be submitted to NHS England in February 2023. The OBC is being developed to be as close to possible as requirements for the FBC, such that the approval timelines can be optimised.

A key part of this document is a consideration on the legal vehicle to underpin the Aseptics Hub. At present legal advice is being taken on the options that exist, ensuring that the hub is able to operate effectively for FTs from a financial – including tax – and procurement regulations perspective.

One of the key principles behind the Hub and the model will be to ensure that, at least, no FT is in a worse financial position as a result of supplying aseptic medicines from the Hub and substantial gains are anticipated for all FTs. A significant element of this is the access to NHSE capital to support our region, which will mean that individual FTs' future capital investment decisions to refurbish / rescale existing aseptic units which are necessary for each FT in the coming years will be different and most likely have a lower capital requirement.

The OBC will be approved for submission to NHS England by the Provider Leadership Board. The Full Business Case, which will also set out the anticipated detail for each organisation, will need to be approved by each individual FT Board, for submission to NHS England.

A detailed letter of support from the Integrated Care Board was received on 6th December 2022 and is appended for information.

This work is being overseen by the Aseptics Project Board with clear project team, risk management system and workstream deliverables established.

8. Key Milestones and Next Steps

Key Milestones and Next Steps		
Milestone	Date	Status
Allocation of capital investment by NHS England	June 2022	Complete
Approval of Strategic Outline Case by Provider Leadership Board (PLB)	June 2022	Complete
Approval of Outline Business Case (OBC) v2.0 by PLB	October 2022	Complete
Submission of OBC v2.0 to NHS England	October 2022	Complete
Regional feedback received from NHS England	December 2022	Complete
Letter of support received from Integrated Care Board (ICB)	December 2022	Complete
Revised OBC v3.0 submitted to NHS England	February 2023	On track
Approval of OBC v3.0 by NHS England	April 2023	Anticipated
Approval of Full Business Case (FBC) by PLB and individual FT Boards	April 2023	Anticipated
Submission of FBC to NHS England	April 2023	Anticipated
Approval of FBC by NHS England	July 2023	Anticipated

The project team will be ready to commence on the implementation of the hub as soon as approval of the FBC is received. It should, however, be noted that there will in all likelihood be a lead-in period in the region of eighteen months from approval of FBC through to full production at the aseptics hub. This lead-in period is required for hub to be physically build, to obtain approval from the Medicines and Healthcare products Regulatory Agency (MHRA) in parallel with recruiting and training up to 200 specialised staff.

9. Recommendation

NHS FT Boards in the North East and North Cumbria (NENC) are asked to note this overview of the proposal for the development of an aseptics pharmaceutical production hub, progress and next steps.

Matt Brown, Managing Director, NENC Provider Collaborative

On behalf of the Aseptics Project Board and Provider Leadership Board

January 2023

NHS
North East and
North Cumbria

Pemberton House
Sunderland
SR5 3XB

Ref: 069/SA

06 December 2022

Ken Bremner
Chair
North East and North Cumbria Provider Collaborative

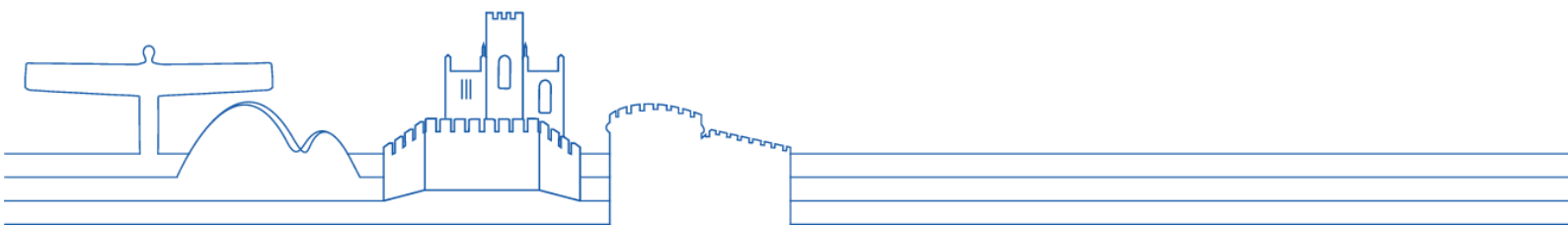
Dear Ken,

I am writing to you to confirm that the Executive Committee of the North East and North Cumbria (NENC) Integrated Care Board (ICB) considered the Outline Business Case (OBC) for the Provider Collaborative Aseptic Medicine Production Hub on 15 November 2022 and endorsed it in full. Therefore, this letter of ICB support may be used for the subsequent process that the OBC needs to go through, with NHS England and HM Treasury.

Members of the ICB Executive Committee were pleased to receive and support this OBC. Not only does this proposal address a key infrastructure risk for NENC, around aseptic provision, but it also represents a substantial, tangible example of genuine collaborative working across the Foundation Trusts in our region. We think the opportunity to achieve this whilst supporting economic regeneration through investing in our communities, introducing a sizeable number of new jobs and developing skills and education for the future is one that we should ensure we capitalise on.

We are heartened by the way in which this project is being taken forward in a truly collaborative spirit and hope that this will be the first of many such joint endeavours, addressing needs of our patients for years to come. We also noted that there are no revenue, capital or CDEL requirement from the OCB for this project for the ICB. There are three specific points that the ICB Executive Committee would like to see set out in more depth in the Full Business Case, although we are comfortable that sufficient detail is contained within the OBC for that to proceed. These specific points are:

1. Understanding the risk profile around expenditure against the capital allocation, in the context of inflationary pressures.
2. Understanding how the commercial model supports collaborative working across the FTs.
3. Understanding the logistical and transportation model for the products.



We appreciate that the capital approval process has been somewhat convoluted for this programme to date and would be aim to work with NHSE colleagues to support you with this where we can.

I understand that there are some specific requirements for commissioner support for capital business cases, from Annex 12 of *Planning, assuring and delivering service change for patients* (NHS England, 2018) and I trust that this letter suitably covers those areas. Therefore, it is perhaps helpful to be clear on the following specific points:

1. Public consultation requirements

We agree that public consultation is not warranted with this proposal, given that this represents a clinical support project and hence does not represent a patient-facing service change. We note that patients will receive tangible benefit from higher quality medicine products and from nursing time being released to care.

2. Commissioner view of how the proposed solution assists the health system in managing present and future issues

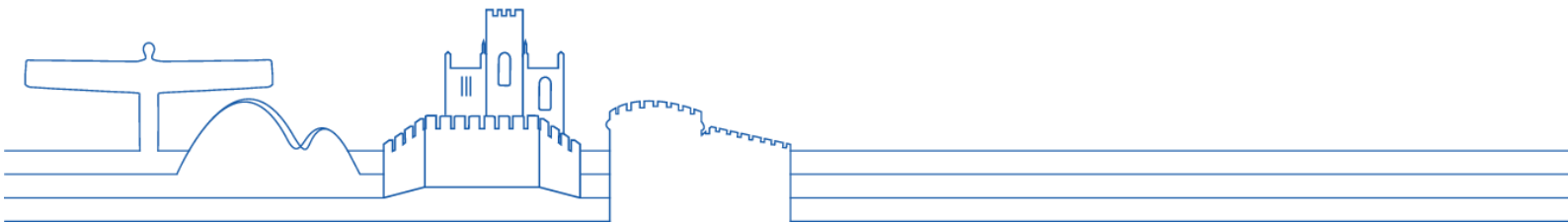
It is clear that the aseptic proposal will directly address issues in the NENC health system that exist now and in the future, particularly in terms of the increasingly fragile commercial market for pre-prepared injectables, inconsistency of existing supply arrangements, lack of contingencies, increasingly urgent resilience issues in many of our current aseptic units, projections of increasing demand, challenges with recruiting specialist technical expertise to run these units and also in the ability to harness technology and automation. The Executive Committee noted that the proposed development is very much in line with the NHS England and Improvement Aseptic and Manufacturing Reviews and will deliver resilience locally, regionally and nationally. The strategic case is strong for this project and very much aligns with the specific objectives of the ICB, including our aspirations around strategic use of estate.

3. Commissioner and provider agreement of activity and finance levels which underlie the case

This letter of support is issued on the basis there are no revenue funding implications for the ICB from this proposal. Indeed, the aseptics project is expected to deliver substantial revenue savings for providers.

We also note that there is no local capital or CDEL requirement for the ICB from this proposal. The strategic capital allocation for this project is from NHS England, overseen by the national Infusions and Special Medicines Programme.

We support the activity and financial levels set out in the OBC, noting the above points that there is no revenue, capital or CDEL impact for the ICB. Hence, there is no new commissioner activity or income to consider.



We can explicitly confirm that the ICB, as commissioner, is not considering divesting aseptic activities. In fact, given that aseptic production represents clinical support services that FTs require internally in order to fulfil contractual requirements to the commissioner, and are hence not directly contracted for, these are not services that the ICB can seek to divest in any case.

4. Confirmation that commissioners and providers are making assumptions based on 'reasonable' levels of growth in allocations/funding.

We can confirm that we are comfortable with the basis on which capacity, demand and growth projections are made within the OBC, in particular that there are strong historical activity figures that can be used to robustly predict chemotherapy and injectable medicine usage.

5. Confirmation that commissioners have reviewed the provider savings assumed within the business case and believe that there is no misalignment with these and the activity/income commissioning plans.

The ICB can confirm that the provider savings set out in the OBC are made on the basis of robust projections and that there is no misalignment with commissioning plans. We note that there are no revenue, capital or CDEL requirements for the ICB.

6. Agreement of any additional funding which will be provided by commissioners to support the case.

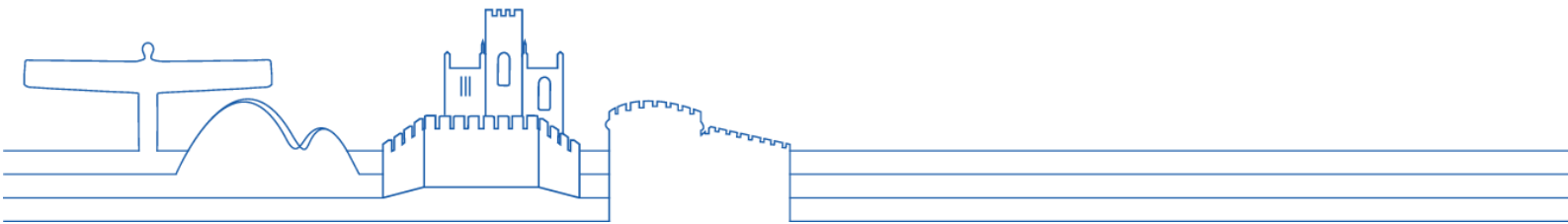
No additional funding is required from the ICB for this project.

I trust that this letter of support for the Aseptics OBC is sufficient for your needs, but please let me know if you need anything further. We look forward to continuing to work with you on this exciting development.

Yours sincerely,

Samantha Allen
Chief Executive
North East and North Cumbria ICB

CC: Sue Jacques, Chief Executive County Durham and Darlington NHS FT and Chair Aseptic Project Board
Matt Brown, Managing Director, North East and North Cumbria Provider Collaborative



NHS
Gateshead Health
NHS Foundation Trust

Report Cover Sheet Agenda Item: 17

Report Title:	**Gateshead Council Budget Proposals 23/24 and potential impact on Health Services**			
Name of Meeting:	Board of Directors			
Date of Meeting:	25 January 2023			
Author:	Joanna Clark, Director of Operations.			
Executive Sponsor:	Jo Baxter, Chief Operating Officer			
Report presented by:	Jo Baxter, Chief Operating Officer			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☒
	This report updates the Board on Gateshead Council's current budget proposals for 2023/24 and outlines any potential impacts on the services provided by Gateshead Health.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☐ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** *Significant assurance gaps*	**Not applicable** x
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*				
Key issues: *Briefly outline what the top 3-5 key points are from the paper in bullet point format* *Consider key implications e.g.* • *Finance* • *Patient outcomes / experience* • *Quality and safety* • *People and organisational development* • *Governance and legal* • *Equality, diversity and inclusion*	The Council is being asked to make significant savings amounting to an additional £250 per person in addition to the savings already made (£900 per person) Social Care represents 70% of Gateshead Council's current spend. Social Care has a significant interface with hospital services either in supporting the Trust to avoid admissions or promoting early discharge. While the proposals are thought through to ensure that they have the minimum impact on Health Services, they still represent significant savings and careful monitoring of their impact will be required.			
Recommended actions for this meeting: *Outline what the meeting is expected to do with this paper*	Board of Directors are asked to note the current position and associated risks.			

Gateshead Health NHS Foundation Trust

Trust Strategic Aims that the report relates to:	**Aim 1** ☒	We will continuously improve the quality and safety of our services for our patients			
	Aim 2 ☒	We will be a great organisation with a highly engaged workforce			
	Aim 3 ☒	We will enhance our productivity and efficiency to make the best use of resources			
	Aim 4 ☐	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	Aim 5 ☐	We will develop and expand our services within and beyond Gateshead			
Trust corporate objectives that the report relates to:					
Links to CQC KLOE	Caring ☒	Responsive ☒	Well-led ☒	Effective ☒	Safe ☒
Risks / implications from this report (positive or negative):					
Links to risks (identify significant risks and DATIX reference)	Risks to meeting elective recovery programme				
Has a Quality and Equality Impact Assessment (QEIA) been completed?	**Yes** ☐	**No** ☐	**Not applicable** ☒		

Executive Summary

Introduction

In common with Local Authorities throughout England, Gateshead Council is required to make significant budget savings in 2023/24. The Council has saved £179 million from their budget since 2010 with a further £55 million required by 2028. This is the equivalent to £1,150 per person in Gateshead. The full consultation is currently open to Gateshead residents and closes on 9 February 2023. It is acknowledged that the considerable savings are made in response to national government demands and the impact of the pandemic.

Background

Over the last 12 years, there has been a shift in the way Local Authorities are funded. Funding raised locally through council tax and business rates has gradually replaced the central government grant as a way of funding local services.

To date this has meant a significant reduction in spend on each Gateshead resident. At present 70% of Council revenue is spent on social care (both adults and children's) and the demands on these services continue to increase. There is a complex interaction between health and social care. Good social care enables people to remain independent for longer and to avoid hospital admissions. While the savings have been well thought out to avoid impacting on Health Services, given the substantial savings that need to be made Gateshead Trust must be cognisant that these may have an impact on Trust services either directly or indirectly.

Full details of the proposed budget can be found at:
https://www.gateshead.gov.uk/article/22403/Budget-2023-24

An extract showing the proposed changes relating to social care is included in this paper as Appendix 1.

Proposed Changes to Adult Social Care

The Council are consulting on 12 main changes which they understand will impact on their residents. The two relating to adult social care are:

Increased use of technology, extra care housing and reablement to reduce costs of ongoing packages of care.

This would have a projected saving of £674k.

This saving has the potential to impact both positively and negatively on the work of the Acute Trust and Community Services. An optimistic interpretation would suggest that having people in the right housing with appropriate enablement and innovative technical solutions will ensure that individuals remain independent for longer and early intervention to keep them healthy. They could also benefit from more prompt input if they start to fall recurrently or struggle can be targeted to improve their resilience without this leading to long term care.

The projected saving relates to delaying or avoiding starting new packages of care. This does represent a risk to Community Services whereby patients may require further health input to remain safely at home. Current experience of patients who are not eligible for a funded package of care and choose to continue to look after themselves is that they require more input (for example, a District Nurse calling to undertake an insulin injection for someone who is housebound will need to schedule more time to that visit if the

patient is unable to make their own breakfast, as they will need to support with this to ensure safe administration of the insulin). There are good processes in place if these individuals tip into being unwell short of a hospital admission but there remains the potential requirement for health input in some of these cases and this will need to be closely monitored.

Review of system approach and processes to achieve a 10% saving when recommissioning supported accommodation contracting.

Further detail is to be provided on this but has not yet been released.

Proposed changes to Children's Social Care

Gateshead Council is consulting on two changes to Children's Social Care. These are:

To review and explore greater use of in-house services and improved commissioning of contracts to reduce the number and cost of urgent spot purchases made. These are services purchased to provide for children with disabilities.

To review the Children's Home sufficiency strategy to reduce the need to support children in residential placements outside the Borough.

Projected saving are £152k.

This are both likely to be beneficial for Gateshead children. Our staff in Children's Services and Paediatrics have confirmed this would be preferable.

Social Care proposals which are not being consulted upon

There are a number of other budget proposals which the Council is not consulting on as it is understood that these will not have any impact on Gateshead residents.

These relate to better commissioning arrangements for supported accommodation service costs, reduction of non-essential spend, deletion of vacant posts and increase in income with the Care Call service, which we could actively support as a partner to encourage individuals to sign up for this service (experience suggests that many people are interested in getting this service but reluctant to pay for it).

The new 60 bedded Intermediate Care Centre is due to open in July 2023. At present there is a small amount of Health funding which provides a GP, OT, Physio and four nurses during day time in the Eastwood Promoting Independence Centre. It is anticipated that these staff will work from the new centre once it opens.

The budget proposals indicate that the Council's Funding of £2,280k into this centre will be replaced by Grant Funding into this centre. The Council has identified ringfenced discharge monies which will offset this reduction. This does represent a loss of social care funding. While it is anticipated that current service levels will remain the same, the projected increase in demand for hospital step down which had led us to convert our own ward 24 into an intermediate care ward may not be met in the same way that this grant funding allied with the original social care funding would allow us to meet this.

Conclusion

The recommendations which Gateshead is consulting upon, once implemented may have an impact on the work of our Trust. It will be important to monitor this, specifically in relation to intermediate care and

packages of care to ensure that this does not result in patients remaining in hospital longer than necessary or an increase in admission.

Recommendation

The Board are asked to note the contents of this paper.

NHS
Gateshead Health
NHS Foundation Trust

Appendix 1 – extract from Gateshead Council's Budget Consultation 2023/24

Savings Proposals 2023/24 - PEOPLE (Adults Social Care, Children's Services and Poverty)					
Ref.	Portfolio/ Service	Name of Proposal	Description	Proposal TOTAL £000's	FTE Impact (Vacant FTE)
22	Children and Young People/ Social Care	Review Health Services recharge processes	Review of system approach and process	500	0
23	Children and Young People/ Social Care	Reduce spot purchases	Review of in-house services	27	0
24	Children and Young People/ Social Care	Review Children's home sufficiency strategy	Reduce Demand leading to reduction in costs	125	0
25	Children and Young People/ Social Care	Regional Adoption Agency	Budget Efficiencies and increased Adoption Support Fund applications	125	0
26	Children and Young People/ Social Care	Review of grant funding across Children's Social Care Service	Use of Grant Funding to meet eligible costs	173	0
27	Children and Young People/ Education, Schools and Inclusion	Review of expenditure budgets across Education, Schools and Inclusion	Reduction of non essential spend	24	0
28	Adult Social Care/ Quality Assurance & Commissioning	Recommissioning of Supported Accommodation	Review of system approach and processes to reduce commissioned service costs	50	0
29	Adult Social Care/ Adult Social Care	Increase use of Technology, Extra Care Housing and reablement	Increase use of Technology, Extra Care Housing and reablement to reduce ongoing costs in packages of care	674	0
30	Adult Social Care/ Adult Social Care	Review of Service Delivery	Includes over deliver of savings related to day services review and reduction in non essential spend in provider services	353	0
31	Adult Social Care/ Adult Social Care	Income Generation	Increase externally provided service costs in line with inflation and increase customer base for Care Call to increase income	200	0
32	Adult Social Care/ Adult Social Care	Deletion of Vacant Posts	1 Support Assistant and 7.2 posts in Provider Services to be reduced	254	8.2 (8.2)
33	Adult Social Care/ Adult Social Care	Deploy Grant Funding to replace base budget	Promoting Independent Centre costs and ASSET Team Base funding to be replaced with grant funding releasing base budgets as savings	2,280	0
34	Communities and Volunteering/ Locality Services & Housing	Alternative use of grant funding for Bed & Breakfast Accommodation	Use of Grant Funding to meet eligible costs	16	0
35	Housing/ Locality Services & Housing	Alternative use of grant funding for Homeless Prevention, Refugees, Domestic Abuse, Afghan, Hong Kong and Ukraine	Use of Grant Funding to meet eligible costs	107	0
36	Economy/ Business, Employment & Skills	Gateshead Works model	Move to a non direct staffing model for this job brokerage service	60	2 (2)
			Total PEOPLE (Adults Social Care, Children's Services and Poverty)	**4,968**	**10.2 (10.2)**

Gateshead Health NHS Foundation Trust

Report Cover Sheet Agenda Item: 18

Report Title:	**CQC Statement of Purpose**			
Name of Meeting:	Trust Board of Directors			
Date of Meeting:	25th January 2023			
Author:	Mrs Jane Conroy, Head of Quality and Patient Experience / Dr Gill Findley, Chief Nurse and Professional Lead for Midwifery and Allied Health Professionals			
Executive Sponsor:	Dr Gill Findley, Chief Nurse and Professional Lead for Midwifery and Allied Health Professionals			
Report presented by:	Mrs Jane Conroy, Head of Quality and Patient Experience			
Purpose of Report *Briefly describe why this report is being presented at this meeting*	**Decision:** ☐	**Discussion:** ☐	**Assurance:** ☒	**Information:** ☐
	The Statement of Purpose is a CQC registration requirement document that must be regularly reviewed and updated to reflect changes in the organisation and the description and location of services. The purpose of this paper is to provide an updated Statement of Purpose document to the Trust Board of Directors. This document is required as the Trust has removed four GP practices from its CQC Registration and added Bensham as a registered location.			
Proposed level of assurance – <u>to be completed by paper sponsor</u>:	**Fully assured** ☒ *No gaps in assurance*	**Partially assured** ☐ *Some gaps identified*	**Not assured** ☐ *Significant assurance gaps*	**Not applicable** ☐
Paper previously considered by: *State where this paper (or a version of it) has been considered prior to this point if applicable*	This paper has been considered by SMT and EMT.			

<table>
<tr><td>Key issues:
Briefly outline what the top 3-5 key points are from the paper in bullet point format

Consider key implications e.g.
• Finance
• Patient outcomes / experience
• Quality and safety
• People and organisational development
• Governance and legal
• Equality, diversity and inclusion</td><td colspan="6">The Statement of Purpose identifies six Locations which will appear on the Trust’s CQC Registration Certification:
• Queen Elizabeth Hospital
• Blaydon Primary Care Centre
• Bensham Hospital
• Cleadon Park Primary Care Centre
• Grindon Lane Primary Care Centre
• Breast Screening Unit at Sunderland Royal Hospital

All locations with the exception of Bensham have previously appeared on the Trust’s CQC registration certification. Following a review of services that the Trust provides, Bensham has been registered with CQC as a location.

The Queen Elizabeth Hospital also has 85 satellite sites as detailed within, where Regulated activities may be delivered at or from. This includes AAA Screening provided within 11 HM Prisons.

Bensham Hospital also has 10 satellite sites as detailed within, where Regulated activities may be delivered at or from.</td></tr>
<tr><td>Recommended actions for this meeting:
Outline what the meeting is expected to do with this paper</td><td colspan="6">To add an annual review of the Trust’s Statement of Purpose to the Cycle of Business of the Trust Board of Directors to ensure that the Trust meets its regulatory requirements.</td></tr>
<tr><td rowspan="5">Trust Strategic Aims that the report relates to:</td><td>Aim 1
☒</td><td colspan="5">We will continuously improve the quality and safety of our services for our patients</td></tr>
<tr><td>Aim 2
☐</td><td colspan="5">We will be a great organisation with a highly engaged workforce</td></tr>
<tr><td>Aim 3
☒</td><td colspan="5">We will enhance our productivity and efficiency to make the best use of resources</td></tr>
<tr><td>Aim 4
☒</td><td colspan="5">We will be an effective partner and be ambitious in our commitment to improving health outcomes</td></tr>
<tr><td>Aim 5
☒</td><td colspan="5">We will develop and expand our services within and beyond Gateshead</td></tr>
<tr><td>Trust corporate objectives that the report relates to:</td><td colspan="6"></td></tr>
<tr><td>Links to CQC KLOE</td><td>Caring
☒</td><td>Responsive
☒</td><td>Well-led
☒</td><td>Effective
☒</td><td colspan="2">Safe
☒</td></tr>
<tr><td colspan="7">Risks / implications from this report (positive or negative):</td></tr>
<tr><td>Links to risks (identify significant risks and DATIX reference)</td><td colspan="6">3111 – Regulatory requirements in relation to CQC registration</td></tr>
<tr><td>Has a Quality and Equality Impact Assessment (QEIA) been completed?</td><td colspan="2">Yes
☐</td><td colspan="2">No
☐</td><td colspan="2">Not applicable
☒</td></tr>
</table>

Statement of purpose

Health and Social Care Act 2008

Part 1

The provider's name, legal status, address and other contact details

Including address for service of notices and other documents

Statement of purpose, Part 1

Health and Social Care Act 2008, Regulation 12, schedule 3

The provider's business contact details, including address for service of notices and other documents, in accordance with Sections 93 and 94 of the Health and Social Care Act 2008

1. Provider's name and legal status							
Full name[1]	Gateshead Health NHS Foundation Trust						
CQC provider ID	RR7						
Legal status[1]	Individual	☐	Partnership	☐	Organisation	☒	

2. Provider's address, including for service of notices and other documents	
Business address[2]	Gateshead Health NHS Foundation Trust Queen Elizabeth Hospital Sheriff Hill
Town/city	Gateshead
County	Tyne and Wear
Post code	NE9 6SX
Business telephone	0191 482 0000
Electronic mail (email)[3]	Yvonne.ormston@nhs.net

By submitting this statement of purpose you are confirming your willingness for CQC to use the **email address** supplied at Section 2 above for service of documents and for sending all other correspondence to you. Email ensures fast and efficient delivery of important information. If you do not want to receive documents by email please check or tick the box below. We will not share this email address with anyone else.

I/we do **NOT** wish to receive notices and other documents from CQC by email	☐

[1] Where the provider is a partnership please fill in the partnership's name at 'Full name' in Section 1 above. Where the partnership does not have a name, please fill in the names of all the partners at Section 3 below

[2] Where you do not agree to service of notices and other documents by email they will be sent by post to the business address shown in Section 2. This includes draft and final inspection reports. This postal business address will be included on the CQC website.

[3] Where you agree to service of notices and other documents by email your copies will be sent to the email address shown in Section 2. This includes draft and final inspection reports.

Please note: CQC can deem notices sent to the email or postal address for service you supply in your statement of purpose as having been served as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents.

3. The full names of all the partners in a partnership	
Names:	

Statement of purpose

Health and Social Care Act 2008

Part 2

Aims and objectives

Aims and objectives

What are your aims and objectives in providing the regulated activities and locations shown in part 3 of this statement of purpose

Introduction

Established in 2005, we were one of the first Foundation Trusts in the country and since then have consistently delivered the highest levels of care for our patients. We now offer 440 hospital beds across the Gateshead region and employ approximately 4,200 people and have a revenue turnover of around £250m.

We provide a range of acute and community services across our key sites (Queen Elizabeth Hospital, Bensham Hospital and Blaydon Primary Care Centre) as well as a number of minor sites in Gateshead. In addition to providing a range of District General Hospital services, the Trust is also an Integrated Community Provider, which includes offering care in the homes of our patients.

The Trust received an overall rating of 'Good' following the last inspection in 2019, with 'Outstanding' for the Caring domain.

Partnership working

The Trust is an active partner in the "Gateshead Cares" system board. We are committed to the Alliance Agreement which underpins collaborative system wide-working and accountability in Gateshead.

Specialist services

Alongside a full range of local hospital services, we also provide specialist services, including:

- Breast screening service for Gateshead, South Tyneside, Sunderland and parts of Durham. The Trust offers high standards of treatment – from screening and diagnosis to treatment.
- Specialist gynaecological cancer treatments provided by the Trust have developed a positive reputation both nationally and internationally. Services are now provided beyond the Gateshead region to the Scottish borders, through to Cumbria and Whitby.
- The North East Bowel Cancer Screening Hub for the National Bowel Cancer and AAA Screening Programme, provides services for a population of around seven million people.
- Leading care in our state-of-the-art facilities including our Emergency Care Centre, Pathology Centre of Excellence and the North East Surgery Centre.
- Maternity services are rated as outstanding by the Care Quality Commission (CQC) and are among the best in the country.
- Robotic surgery capacity is available which allows for robotic keyhole surgery to be offered to patients.
- The Gateshead Fertility Centre is one of the top ten IVF clinics in the country, successfully having created hundreds of new families in the North East over the last decade.

Vision and Values

We undertook a significant amount of engagement with colleagues, governors and stakeholders to develop our new vision, values and strategy which launched in early 2022/23.

Our vision captures what matters to us - delivering outstanding compassionate care.

The Trust's vision was developed through engagement with our people to identify what matters to us as an organisation - now and in the future**. #GatesheadHealth, proud to deliver outstanding and compassionate care to our patients and communities**.

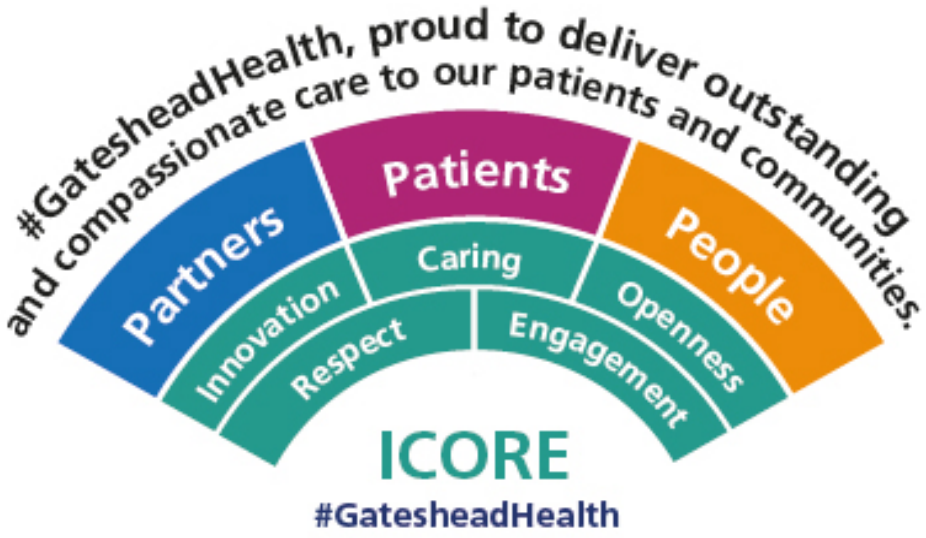
Through engagement with our people and partners, we have recognised how important it is that we use the title 'Gateshead Health' to be inclusive to all of the people who work for and represent the Trust.

- We believe in the patient being at the heart of everything we do
- We also want to work well with our partners to give you the best experience possible
- We want to be the best employer, creating the right conditions for our staff to excel
- We want to spend our money wisely, that means being held accountable to you by a board of non-executive directors and governors
- Living our values every day

Our values are the golden thread that runs through everything we do. Following a Trust-wide consultation with our people, they remain unchanged as the feedback was that our values continue to resonate and remain important.

Our values (demonstrate what we believe in and how we will behave)

The Trust values have been grouped together to form the acronym ICORE - Innovation, Care, Openness, Respect and Engagement. Our Trust values are the 'golden thread' which runs through everything we do; it is the core of who we are.



The aims and goals of Gateshead Health NHS Foundation Trust

Our aims:

1. We will continuously improve the quality and safety of our services for our patients
2. We will be a great organisation with a highly engaged workforce

3. We will be an effective partner and be ambitious in our commitment to improving health outcomes
4. We will develop and expand our services within and beyond Gateshead
5. We will enhance our productivity and efficiency to make the best use of our resources

Our goals: what success looks like by March 2025 and how we will measure this:

- **Patients - Compassionate care is at the very heart of everything we do at Gateshead Health**

The patient communities we serve at Gateshead Health are very important to us. Everyone who works at the Trust is committed to providing the highest standards of safe care to our patients at the right time and in the right place.

Our focus areas:
1. Caring for all our patient communities
2. Providing safe, high-quality care
3. Offering increasingly integrated care
4. Making every contact compassionate and caring

How will we measure our success:

- Friends and Family Test results
- An increase in compliments and reduction in common themes and trends within complaints
- Feedback via Governor engagement
- National Patient survey results
- National Audit results
- Delivering our Quality priorities
- Positive patient feedback
- Meeting our performance standards
- Improvements in statistical measures of health and care outcomes
- Delivery of safety priorities and improvement of maternity metrics in the Integrated Oversight Report
- An ‘Outstanding’ CQC rating for caring.

- **People - The people at Gateshead Health are our greatest asset**

Our people are key to achieving our aim of being a great organisation with a highly engaged workforce. In every conversation held while developing this strategy, the value and importance of our people has shone through.

Our focus areas:
1. Caring for the health and wellbeing of our people
2. Being a great place to work
3. Ensuring a diverse, inclusive and engaged culture

How will we measure our success?

- Reduction in sickness absence

- Improvements in the WRES/WDES for delivering improved staff experience
- A reduction in vacancy rates and staff turnover
- Improved responses to staff survey
- Annual staff survey overall staff engagement score within the top 20% of our benchmark group
- Increase in annual staff survey % of staff experiencing opportunities for career and skills development.

- **Partners - We respect and work closely with our partners to deliver outstanding care**

We have always recognised the value of working closely with others that share our values and commitment to patient care. Meaningful partnerships provide opportunities to address recruitment and retention challenges, generate economies of scale, and improve patient pathways.

Our focus areas:
1. Being a force for good
2. Acting as a key partner
3. Working with our education partners

How will we measure our success?

- Regularly seek and act on feedback from partners to become a truly collaborative organisation
- Increased footprint for service delivery
- Achieving our sustainability targets
- Positive feedback from members of the community
- Delivery of agreed health inequalities action plan
- Delivery of Gateshead Cares priorities and action plans
- Working with our key partners to deliver care closer to home to deliver a decrease in discharge times

Statement of purpose

Health and Social Care Act 2008

Part 3

Location(s), and

- **the people who use the service there**
- **their service type(s)**
- **their regulated activity(ies)**

Fill in a separate part 3 for each location

The information below is for location no.:	1	of a total of:	6	locations

Name of location	Queen Elizabeth Hospital
Address	Queen Elizabeth Hospital Sheriff Hill Gateshead Tyne and Wear
Postcode	NE9 6SX
Telephone	0191 4820000
Email	Yvonne.ormston@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

The main hospital building is based at the Queen Elizabeth Hospital (QEH) with a bed-base of 440 beds. The Queen Elizabeth Hospital site houses Inpatient Wards, Outpatient areas, hospital kitchens, Pharmacy, Physiotherapy, Diagnostic Imaging, Mortuary and office space.

The Maternity Unit is in a separate building and includes antenatal and postnatal wards, delivery suite, a special care baby unit and a pregnancy assessment unit. The 'Scheme Three' building is a six story building containing wards and operating theatres. The 'Jubilee Wing' is a four story building that includes the chapel of rest, several wards, DEXA scanning and the IVF Unit.

The Peter Smith Surgery Centre at the Queen Elizabeth Hospital is a three story purpose built surgery unit with operating theatres, anaesthetics, pre-assessment, pre-operative and post-operative care and includes wards with single room accommodation for patients.

The Emergency Care Centre (ECC) which opened in February 2015 provides one front entrance for all medical, surgical and paediatric emergencies, short stay, frailty assessment and integrated back-of-house services. Walk-in services for central Gateshead transferred to the Trust in 2014 are now integrated into the emergency services located in the new ECC.

The Pathology Department opened in 2014 providing services across Gateshead, Sunderland and South Tyneside. This is housed on the Queen Elizabeth Hospital site with staff from all three Trusts working together as one team.

The Tranwell Unit is also within the grounds of the Queen Elizabeth Hospital and houses the Trust's Chemotherapy Day Unit and a small number of Outpatient Clinics as well as Cragside, a 16 bedded Older Persons Mental Health Unit. Cragside serves the population of Gateshead for people with a diagnosis of Dementia and are experiencing crisis requiring admission to hospital.

Sunniside Unit is a 16 bedded Older Persons Mental Health Unit serving the population of Gateshead for people with a diagnosis of a functional mental health condition and are experiencing crisis requiring admission to hospital.

There are also separate buildings for:

- Children's Services Out-Patient Department
- Women's Health: an outpatient clinic for Obstetrics and Gynaecology
- St. Bede's Unit: an inpatient specialist palliative care ward for end of life care

All buildings are designed to be used as hospital buildings. All have wheelchair and vehicle access and other provisions and adaptations as necessary for disabled access.

The hospital is staffed by qualified doctors, nurses, allied health professionals and support staff. Supervised students and trainees in these fields are also present. All staff are appropriately qualified for their role in accordance with regulations.

The Queen Elizabeth Hospital also has 85 satellite sites as detailed below where Regulated activities may be delivered at or from. The management of these sites/services takes place from the Queen Elizabeth Hospital and as such, the Trust considers these satellite sites as exempt under CQC Locations Rule 9 from been classed as individual locations:

Satellite site name	Satellite site address	Services provided
Accrington PALS Primary Health Care Centre	1 Paradise Street, Accrington, BB5 2EJ	• AAA Screening
Acklam Medical Centre	Trimdon Avenue, Middlesbrough, Cleveland, TS5 8SB	• AAA Screening
Alnwick Bondgate Practice	Infirmary Drive, Alnwick, Northumberland, NE66 2NL	• AAA Screening
Barbara Castle Way Primary Health Centre	Blackburn, BB2 1AX	• AAA Screening
Berwick Infirmary	Infirmary Square, Berwick upon Tweed, Northumberland, TD15 1LT	• AAA Screening
Birtley Medical Group	Durham Road, Birtley, Tyne and Wear, DH3 2QT	• Anticoagulation/Warfarin Clinics
Bishop Auckland General Hospital	Cockton Hill Road, Bishop Auckland, Co Durham, DL14 6AD	• AAA Screening
Blaydon Primary Care Centre	Shibdon Lane, Blaydon - on- Tyne, Tyne and Wear, NE 21 5NW	• AAA Screening
Blyth Community Hospital and Health Centre	Thoroton Street, Blyth, Northumberland, NE24 1DX	• AAA Screening
Breast Screening Trailer 1	Car park location at University Hospitals North Durham	• Breast Screening
Breast Screening Trailer 2	Car Parking spaces at Blaydon PCC (Rotates between Blaydon, Palmer Community Hospital (Jarrow) & Chester-Le-St Hospital)	• Breast Screening

Carlisle Rugby Club	Warwick Road, Carlisle, Cumbria, CA1 1LW	• AAA Screening
Chainbridge Medical Partnership	Shibdon Road, Blaydon, NE21 5AE	• Anticoagulation/Warfarin Clinics
Crawcrook Medical Centre	Pattinson Drive, Crawcrook Tyne and Wear, NE40 4US	• Anticoagulation/Warfarin Clinics
Cresta Research Centre, Newcastle General	West Road, Newcastle upon Tyne, Tyne and Wear, NE4 6BE	• AAA Screening
Cumberland Infirmary	Newtown Road, Carlisle, Cumbria, CA2 7HY	• AAA Screening
Eccleston Health Centre	Doctors Lane, Eccleston, Chorley, PR7 5RA	• AAA Screening
Elgin Centre	Elgin Rd, Gateshead NE9 5PA	• Community Midwives Clinical Room
Felling Health Centre	Stephenson Terrace, Gateshead, NE10 9GQ	• Anticoagulation/Warfarin Clinics
Flagg Court	Dale Street, South Shields, Tyne and Wear, NE33 2LX	• Audiology Clinic
Gateshead and Carlisle Hand Service	London Road, Carlisle, Cumbria, CA1 2NS	• Hand Service
Gateshead Health Centre	Prince Consort Road, Gateshead, NE8 1NB	• Anticoagulation/Warfarin Clinics • AAA Screening
Glenpark Medical Centre	Ravensworth Road, Dunston, Gateshead, NE11 9FJ	• Anticoagulation/Warfarin Clinics
Glenroyd Medical Practice	1st Floor, Moor Park Health and Leisure Centre, Bristol Avenue, Blackpool, FY2 0JG	• AAA Screening
Gosforth Regent Medical Centre	Ridley House, Henry Street, Newcastle upon Tyne, Tyne and Wear, NE3 1DQ	• AAA Screening
Grange Road Medical Centre	Grange Road, Ryton, Tyne and Wear, NE40 3LT	• Anticoagulation/Warfarin Clinics
Hexham General Hospital	Corbridge Road, Hexham, Northumberland, NE46 1QJ	• AAA Screening

Heysham Primary Care Centre	1st floor reception, Middleton Way, Heysham, Morecambe, LA3 2LE	• AAA Screening
HMP Durham	Old Elvet, Durham, Co Durham, DH1 3HU	• AAA Screening
HMP Frankland	Brasside, Durham, Co Durham, DH1 5YD	• AAA Screening
HMP Garth	Ulnes Walton Lane, Leyland, Preston, PR26 8NE	• AAA Screening
HMP Haverigg	North Lane, Haverigg, Millom, Cumbria, LA18 4NA	• AAA Screening
HMP Holme House	Holme House Road, Stockton-on-Tees, Cleveland, TS18 2QU	• AAA Screening
HMP Kirkham	Freckleton Road, Preston, Lancashire, PR4 2RN	• AAA Screening
HMP Kirklevington	Kirklevington Grange, Yarm, Cleveland, TS15 9PA	• AAA Screening
HMP Lancaster Farms	Stone Row Head, Quernmore Road, Lancaster, LA1 3QZ	• AAA Screening
HMP Northumberland	Acklington, Morpeth, Northumberland, NE65 9XG	• AAA Screening
HMP Preston	2 Ribbleton Lane, Preston, PR1 5AB	• AAA Screening
HMP Wymott	Ulnes Walton Lane, Leyland, Preston, PR26 8LW	• AAA Screening
Houghton Primary Care Centre	Brinkburn Crescent, Houghton, Co Durham, DH4 4DN	• AAA Screening
James Cochrane Practice	Maude street, Kendal, LA9 4QE	• AAA Screening
Kendal Leisure Centre	Burton Road, Kendal, Cumbria, LA9 7HX	• AAA Screening
Lawson Street Health Centre	Lawson Street, Stockton-on-Tees, Cleveland, TS18 1HU	• AAA Screening
Library House Surgery	Avondale Road, Chorley, PR7 2AD	• AAA Screening

London Road Medical Centre	Hilltop Heights, London Road, Cumbria, CA1 2NS	• AAA Screening
Long Rigg Medical Centre	2 Longrigg, Gateshead, NE10 8PH	• Anticoagulation/Warfarin Clinics
Lostock Hall Medical Centre	Brownedge Road, Lostock Hall, Preston, PR5 5AD	• AAA Screening
Molineux Primary Care Centre	Molineux Street, Newcastle upon Tyne, Tyne and Wear, NE6 1SG	• AAA Screening
Morpeth NHS Centre	Dark Lane, Morpeth, Northumberland, NE61 1JY	• AAA Screening
Mowbray House Surgery	Malpas Road, Northallerton, North Yorkshire, DL7 8FW	• AAA Screening
North Ormesby Village Resolution Health Centre	11 Trinity Mews, North Ormesby, Middlesbrough, TS3 6AL	• AAA Screening
One Life Primary Care Centre Hartlepool	Park Road, Hartlepool, Cleveland, TS24 7PW	• AAA Screening
Padiham Health Centre	Station Road, Padiham, Lancashire, BB12 8EA	• AAA Screening
Peaseway Medical Centre	2 Pease Way, Newton Aycliffe, Co Durham, DL5 5NH	• AAA Screening
Penrith Community Hospital	Bridge Lane, Penrith, Cumbria, CA11 8HX	• AAA Screening
Peterlee Health Centre	Bede Health Centre, Peterlee, Co Durham, SR8 1AD	• AAA Screening
Queens Road Surgery	83 Queens Road, Consett, Co Durham, DH8 0BW	• AAA Screening
Rawling Road Medical Centre	1 Rawling Road, Bensham, Gateshead, NE8 4QS	• Anticoagulation/Warfarin Clinics
Redcar Primary Care Centre	West Dyke Road, Redcare, Cleveland, TS10 4NW	• AAA Screening
Ribble Village Health Centre	200 Miller Road, Ribbleton, Preston, PR2 6NH	• AAA Screening
Richmond Community Hospital	Queens Road, Richmond, North Yorkshire, DL10 4AJ	• AAA Screening

Rossendale Primary Health Care Centre	Bacup Road, Rawenstall, Lancashire, BB4 7PL	• AAA Screening
Rowlands Gill Medical Practice	The Grove, Rowlands Gill NE39 1PW	• Anticoagulation/Warfarin Clinics
Sacriston Medical Centre	Front Street, Sacriston, Co Durham, DH7 6JW	• AAA Screening
Sandy Lane Health Centre	Skelmersdale, Lancashire, WN8 8LA	• AAA Screening
Sedgefield Community Hospital	Salters Lane, Sedgefield, Stockton on Tees, TS21 3EE	• AAA Screening
Shiremoor Resource Centre	Earsdon Road, Newcastle upon Tyne, Tyne and Wear, NE27 0HH	• AAA Screening
South Shore Primary Care Centre	Lytham Road, Blackpool, FY4 1TJ	• AAA Screening
South Tyneside Hospital	Harton Ln, South Shields NE34 0PL	• Pathology Hot Lab
St Fillan's Medical Centre	2 Liverpool Road, Penwortham, Preston, PR1 0AD	• AAA Screening
St Peters Primary Health Centre	Church Street, Burnley, BB11 2DL	• AAA Screening
Stanley Primary Care Centre	Clifford Road, Stanley, Co Durham, DH9 0AB	• AAA Screening
Sunderland Royal Hospital Site	Kayll Rd, Sunderland SR4 7TP	• Pathology Hot Lab
Teams Medical Practice	Watson Street, Gateshead, NE8 2PB	• Anticoagulation/Warfarin Clinics
The Elms Medical Practice	16 Derby Street, Ormskirk, L39 2BY	• AAA Screening
The Mount View Practice	Fleetwood Health and Wellbeing Centre, Dock Street, Fleetwood, FY7 6HP	• AAA Screening
Trinity Square	West Street, Gateshead Town Centre, NE8 1AD	• Retinal Screening

Tyne View Children's Centre	Rose St, Gateshead NE8 2LS	• Community Midwives Office Base • Two Community Midwives Clinical rooms
Ulverston Community Health Centre	Stanley Street, Ulverston, Cumbria, LA12 7BT	• AAA Screening
Washington Primary Care Centre	Princess Anne Park, Parkway, Washington, NE38 7QS	• Orthopaedic Clinic • Rheumatology Clinic • AAA Screening
Whickham Health Centre	Rectory Lane, Whickham, Gateshead, NE16 4PD	• Anticoagulation/Warfarin Clinics
Whinfield Medical Practice	Whinbush Way, Darlington, Co Durham, DL1 3RT	• AAA Screening
Whitby Community Hospital	Spring Hill, Whitby, North Yorkshire, YO21 1DP	• AAA Screening
Wrekenton Health Centre	Springwell Road, Gateshead, NE9 7AD	• Anticoagulation/Warfarin Clinics
Yarnspinners Primary Health Care Centre	Off Carr Road, Nelson, Lancashire, BB9 7SR	• AAA Screening

No of approved places / overnight beds (not NHS)	0

CQC service user bands The people that will use this location (‘The whole population’ means everyone).					
Adults aged 18-65	☐	Adults aged 65+		☐	
Mental health	☐	Sensory impairment		☐	
Physical disability	☐	People detained under the Mental Health Act		☐	
Dementia	☐	People who misuse drugs or alcohol		☐	
People with an eating disorder	☐	Learning difficulties or autistic disorder		☐	
Children aged 0 – 3 years	☐	Children aged 4-12	☐ Children aged 13-18	☐	
The whole population	☒	Other (please specify below)		☐	

The CQC service type(s) provided at this location	
Acute services (ACS)	☒
Prison healthcare services (PHS)	☒
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☒
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☒
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☒
Community-based services for people with mental health needs (MHC)	☒
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☒
Doctors consultation service (DCS)	☒
Doctors treatment service (DTS)	☐
Mobile doctor service (MBS)	☐
Dental service (DEN)	☐
Diagnostic and or screening service (DSS)	☒
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☐
Blood and Transplant service (BTS)	☒

Regulated activity(ies) carried on at this location		
Personal care	☐	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require nursing or personal care	☐	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require treatment for substance abuse	☐	
Registered Manager(s) for this regulated activity:		
Accommodation and nursing or personal care in the further education sector	☐	
Registered Manager(s) for this regulated activity:		
Treatment of disease, disorder or injury	☒	
Registered Manager(s) for this regulated activity: Medical Director		
Assessment or medical treatment for persons detained under the Mental Health Act	☒	
Registered Manager(s) for this regulated activity: Chief Nurse		
Surgical procedures	☒	
Registered Manager(s) for this regulated activity: Medical Director		
Diagnostic and screening procedures	☒	
Registered Manager(s) for this regulated activity: Medical Director		
Management of supply of blood and blood derived products etc	☒	
Registered Manager(s) for this regulated activity:		
Transport services, triage and medical advice provided remotely	☒	
Registered Manager(s) for this regulated activity: Chief Operating Officer		
Maternity and midwifery services	☒	
Registered Manager(s) for this regulated activity: Chief Nurse		
Termination of pregnancies	☒	
Registered Manager(s) for this regulated activity: Medical Director		
Services in slimming clinics	☐	
Registered Manager(s) for this regulated activity:		
Nursing care	☐	
Registered Manager(s) for this regulated activity:		
Family planning service	☒	
Registered Manager(s) for this regulated activity: Medical Director		

Fill in a separate part 3 for each location

The information below is for location no.:	2		of a total of:	6	locations

Name of location	Blaydon Primary Care Centre
Address	Blaydon Primary Care Centre Shibdon Road Blaydon on Tyne
Postcode	NE21 5NW
Telephone	0191 2834500
Email	yvonne.ormston@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

Blaydon Primary Care Centre is a modern purpose built health care building used by the Trust and Local Authority. The building has a room designed and constructed for Audiometrics including child hearing screening, an X-ray facility and a diagnostics suite for breast screening as well as AAA Screening. It has a number of consultation and treatment rooms and a minor surgery room for day case minor procedures.

The Podiatry service provides clinics facilitated by Podiatrists and Advanced Podiatry Assistants, who provide screening, treatment and education to patients, empowering them to self-care, and preventing future foot pathology. A Biomechanics Service provides gait analysis and the provision of insoles, pressure-relieving devices, and dynamic devices to realign the foot and improve gait and associated foot problems. The service also undertakes specialist services including Diabetes Outpatient Clinics, where the key function is rapid assessment and treatment for patients experiencing diabetic foot ulceration, with the aim of healing ulceration as quickly as possible and promoting better awareness of the risk factors and improving the prevention of further foot complications. Nail surgery is also facilitated which involves the full/partial removal of toenails for patients with recurrent toenail problems. This is carried out under local anaesthetic as well as Electrosurgery, which involves the removal of long-standing lesions such as plantar corns, and verrucae that have not responded to conventional treatment. These procedures are exempt from classification as the Regulated activity “Surgical Procedures” under Schedule 2, Paragraph 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, however this site has been registered for “Surgical Procedures” due to the minor surgery room for day case minor procedures.

Other clinics are provided including Anticoagulation/Warfarin clinics; a Complex Wound Clinic which provides assessment and ongoing management for patients with complex wounds and a Bladder and Bowel Clinic, which provides services for both adults and children. The Speech and Language Therapy (SLT) Service assesses and manages people with swallowing, communication, voice and fluency difficulties caused by a range of different conditions. A Walk in Centre service is also provided at this location.

There are no overnight beds at this location. The building contains patient waiting areas, toilets, reception area and office space for the Macmillan team, West Locality team and Inner West Locality team. All staff are appropriately qualified for their role in accordance with regulations.

No of approved places / overnight beds (not NHS)	N/A

CQC service user bands

The people that will use this location ('The whole population' means everyone).

Adults aged 18-65	☐	Adults aged 65+			☐	
Mental health	☐	Sensory impairment			☐	
Physical disability	☐	People detained under the Mental Health Act			☐	
Dementia	☐	People who misuse drugs or alcohol			☐	
People with an eating disorder	☐	Learning difficulties or autistic disorder			☐	
Children aged 0 – 3 years	☐	Children aged 4-12	☐	Children aged 13-18	☐	
The whole population	☒	Other (please specify below)			☐	

The CQC service type(s) provided at this location	
Acute services (ACS)	☒
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☒
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☒
Doctors consultation service (DCS)	☒
Doctors treatment service (DTS)	☐
Mobile doctor service (MBS)	☐
Dental service (DEN)	☐
Diagnostic and or screening service (DSS)	☒
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☐
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location		
Personal care	☐	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require nursing or personal care	☐	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require treatment for substance abuse	☐	
Registered Manager(s) for this regulated activity:		
Accommodation and nursing or personal care in the further education sector	☐	
Registered Manager(s) for this regulated activity:		
Treatment of disease, disorder or injury	☒	
Registered Manager(s) for this regulated activity: Medical Director		
Assessment or medical treatment for persons detained under the Mental Health Act	☐	
Registered Manager(s) for this regulated activity:		
Surgical procedures	☒	
Registered Manager(s) for this regulated activity: Medical Director		
Diagnostic and screening procedures	☒	
Registered Manager(s) for this regulated activity: Medical Director		
Management of supply of blood and blood derived products etc	☐	
Registered Manager(s) for this regulated activity:		
Transport services, triage and medical advice provided remotely	☐	
Registered Manager(s) for this regulated activity:		
Maternity and midwifery services	☒	
Registered Manager(s) for this regulated activity:		
Termination of pregnancies	☐	
Registered Manager(s) for this regulated activity:		
Services in slimming clinics	☐	
Registered Manager(s) for this regulated activity:		
Nursing care	☐	
Registered Manager(s) for this regulated activity:		
Family planning service	☒	
Registered Manager(s) for this regulated activity:		

Fill in a separate part 3 for each location

The information below is for location no.:	3	of a total of:	6	locations

Name of location	Bensham Hospital
Address	Saltwell Road Gateshead
Postcode	NE8 4YL
Telephone	0191 445 5231
Email	Yvonne.ormston@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

Bensham Hospital is two miles away from the Queen Elizabeth Hospital in Gateshead. A range of services are provided including the Gateshead Memory Hub which provides care and support for people aged 65 years and over who have been given a diagnosis of a Dementia as well as a Younger Person's Mental Health Clinic.

Working in partnership with NEAS, our Rapid Response Service offer timely support to patients at home who have experienced a recent fall. A combined team of an Occupational Therapist (OT) and a Paramedic complete medical and functional assessments in the patient's own home referring on to other services and agencies as appropriate, aiming to keep the patient safe at home. Staff may arrange for further medical review, or rehabilitation assistive equipment in a bid to minimise the risk of further falls and support people to live as independently as possible.

The Adult Speech and Language Therapy (SLT) Service clinic assesses and manages people with swallowing, communication, voice and fluency difficulties caused by a range of different conditions. Our Registered Audiologists provide high quality Audiology clinics and care from this site.

The Podiatry service provides clinics facilitated by Podiatrists and Advanced Podiatry Assistants, who provide screening, treatment and education to patients, empowering them to self-care, and preventing future foot pathology. A Biomechanics Service provides gait analysis and the provision of insoles, pressure-relieving devices, and dynamic devices to realign the foot and improve gait and associated foot problems. Nail surgery is also facilitated which involves the full/partial removal of toenails for patients with recurrent toenail problems. This is carried out under local anaesthetic as well as Electrosurgery, which involves the removal of long-standing lesions such as plantar corns, and verrucae that have not responded to conventional treatment. These procedures are exempt from classification as the Regulated activity "Surgical Procedures" under Schedule 2, Paragraph 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There are no overnight beds at this location. The building contains patient waiting areas, toilets and reception areas. Office space is on site for the Community Stroke team, Central Locality team, South Locality team, Bladder and Bowel team, Children's Speech and Language team, Podiatry team, Community Mental Health Nursing team, Older Person's Mental Health Liaison team, Care Home Liaison team and Hospice at Home team.

All staff are appropriately qualified for their role in accordance with regulations.

Bensham Hospital also has 10 satellite sites as detailed below where Regulated activities may be delivered at or from. The management of these sites/services takes place from Bensham Hospital and as such, the Trust considers these satellite sites as exempt under CQC Locations Rule 9 from been classed as individual locations:

Satellite site name	Satellite site address	Services provided
CBC Head Office	Queens Park, Queensway N, Gateshead NE11 0QD	• QE Community Management Staff Offices
Chowdene Children's Centre	Waverley Road, Harlow Green, NE9 7TU	• Children's Occupational Therapy - Staff Office • Children's Occupational Therapy Clinical Room • Children's Physiotherapy Clinic

Dunston Bank Health Centre	Dunston Bank, Gateshead, NE11 9PY	• Podiatry Clinic • Children's Speech and Language Therapy Clinic
Felling Health Centre	Stephenson Terrace, Gateshead, NE10 9GQ	• Podiatry Clinic • Children's Speech and Language Therapy • District Nurses Office • East Locality Office
Gateshead Health Centre	Prince Consort Road, Gateshead, NE8 1NB	• Podiatry Clinic • Children's Speech and Language Therapy • Complex Wound Clinic
Low Fell Clinic	Beacon Lough Road, Gateshead, NE9 6TD	• Podiatry Clinic • Speech and Language Therapy • Community Nursing Office base
Ryton Clinic	Greens Road, Gateshead, NE40 3LT	• Podiatry Clinic • Children's Speech and Language Therapy • Children's Community Nursing Team
Trinity Square	West Street, Gateshead Town Centre, NE8 1AD	• Podiatry (Diabetic) Clinic
Whickham Health Centre	Rectory Lane, Whickham, Gateshead, NE16 4PD	• Bladder and Bowel Clinic • Podiatry Clinic • Children's Speech and Language Therapy
Wrekenton Health Centre	Springwell Road, Gateshead, NE9 7AD	• Bladder and Bowel Clinic • Podiatry Clinic • Children's Speech and Language Therapy • Complex Wound Clinic

No of approved places / overnight beds (not NHS)	N/A

CQC service user bands The people that will use this location ('The whole population' means everyone).						
Adults aged 18-65	☐	Adults aged 65+			☐	
Mental health	☐	Sensory impairment			☐	
Physical disability	☐	People detained under the Mental Health Act			☐	
Dementia	☐	People who misuse drugs or alcohol			☐	
People with an eating disorder	☐	Learning difficulties or autistic disorder			☐	
Children aged 0 – 3 years	☐	Children aged 4-12	☐	Children aged 13-18	☐	
The whole population	☒	Other (please specify below)			☐	

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☒
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☒
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☒
Community-based services for people with mental health needs (MHC)	☒
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☒
Doctors consultation service (DCS)	☐
Doctors treatment service (DTS)	☐
Mobile doctor service (MBS)	☐
Dental service (DEN)	☐
Diagnostic and or screening service (DSS)	☐
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☐
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location		
Personal care	☐	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require nursing or personal care	☐	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require treatment for substance abuse	☐	
Registered Manager(s) for this regulated activity:		
Accommodation and nursing or personal care in the further education sector	☐	
Registered Manager(s) for this regulated activity:		
Treatment of disease, disorder or injury	☒	
Registered Manager(s) for this regulated activity: Medical Director		
Assessment or medical treatment for persons detained under the Mental Health Act	☐	
Registered Manager(s) for this regulated activity:		
Surgical procedures	☐	
Registered Manager(s) for this regulated activity:		
Diagnostic and screening procedures	☐	
Registered Manager(s) for this regulated activity:		
Management of supply of blood and blood derived products etc	☐	
Registered Manager(s) for this regulated activity:		
Transport services, triage and medical advice provided remotely	☐	
Registered Manager(s) for this regulated activity:		
Maternity and midwifery services	☐	
Registered Manager(s) for this regulated activity:		
Termination of pregnancies	☐	
Registered Manager(s) for this regulated activity:		
Services in slimming clinics	☐	
Registered Manager(s) for this regulated activity:		
Nursing care	☐	
Registered Manager(s) for this regulated activity:		
Family planning service	☐	
Registered Manager(s) for this regulated activity:		

Fill in a separate part 3 for each location

The information below is for location no.:	4	of a total of:	6	locations

Name of location	Cleadon Park Primary Care Centre
Address	Cleadon Park Primary Care Centre Prince Edward Road South Shields
Postcode	NE34 8PS
Telephone	0191 2832800
Email	yvonne.ormston@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

The Trust provides Breast Screening and AAA screening services from Cleadon Park Primary Care Centre in South Shields. The centre is purpose built for the provision of health care and screening services and is designed to be accessible for people with disabilities.

There are no overnight beds at this location. The building contains patient waiting areas, toilets and reception areas.

All staff are appropriately qualified for their role in accordance with regulations.

No of approved places / overnight beds (not NHS)	N/A

CQC service user bands

The people that will use this location ('The whole population' means everyone).

Adults aged 18-65	☒	Adults aged 65+		☒	
Mental health	☐	Sensory impairment		☐	
Physical disability	☐	People detained under the Mental Health Act		☐	
Dementia	☐	People who misuse drugs or alcohol		☐	
People with an eating disorder	☐	Learning difficulties or autistic disorder		☐	
Children aged 0 – 3 years	☐	Children aged 4-12	☐ Children aged 13-18	☐	
The whole population	☐	Other (please specify below)		☐	

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☐
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☐
Doctors consultation service (DCS)	☐
Doctors treatment service (DTS)	☐
Mobile doctor service (MBS)	☐
Dental service (DEN)	☐
Diagnostic and or screening service (DSS)	☒
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☐
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location		
Personal care	☐	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require nursing or personal care	☐	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require treatment for substance abuse	☐	
Registered Manager(s) for this regulated activity:		
Accommodation and nursing or personal care in the further education sector	☐	
Registered Manager(s) for this regulated activity:		
Treatment of disease, disorder or injury	☐	
Registered Manager(s) for this regulated activity:		
Assessment or medical treatment for persons detained under the Mental Health Act	☐	
Registered Manager(s) for this regulated activity:		
Surgical procedures	☐	
Registered Manager(s) for this regulated activity:		
Diagnostic and screening procedures	☒	
Registered Manager(s) for this regulated activity: Medical Director		
Management of supply of blood and blood derived products etc	☐	
Registered Manager(s) for this regulated activity:		
Transport services, triage and medical advice provided remotely	☐	
Registered Manager(s) for this regulated activity:		
Maternity and midwifery services	☐	
Registered Manager(s) for this regulated activity:		
Termination of pregnancies	☐	
Registered Manager(s) for this regulated activity:		
Services in slimming clinics	☐	
Registered Manager(s) for this regulated activity:		
Nursing care	☐	
Registered Manager(s) for this regulated activity:		
Family planning service	☐	
Registered Manager(s) for this regulated activity:		

Fill in a separate part 3 for each location

The information below is for location no.:	5	of a total of:	6	Locations

Name of location	Grindon Lane Primary Care Centre
Address	Grindon Sunderland Tyne & Wear
Postcode	SR3 4EN
Telephone	0191 525 2300
Email	yvonne.ormston@nhs.net

Description of the location (The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)	
The Trust provides Breast Screening and AAA screening services from Grindon Lane Primary Care Centre in Sunderland. The centre is a modern purpose built healthcare facility and is designed to be accessible for people with disabilities. There are no overnight beds at this location. The building contains patient waiting areas, consultation rooms, toilets and reception areas. All staff are appropriately qualified for their role in accordance with regulations.	
No of approved places / overnight beds (not NHS)	N/A

CQC service user bands The people that will use this location (‘The whole population’ means everyone).					
Adults aged 18-65	☒	Adults aged 65+		☒	
Mental health	☐	Sensory impairment		☐	
Physical disability	☐	People detained under the Mental Health Act		☐	
Dementia	☐	People who misuse drugs or alcohol		☐	
People with an eating disorder	☐	Learning difficulties or autistic disorder		☐	
Children aged 0 – 3 years	☐	Children aged 4-12	☐ Children aged 13-18	☐	
The whole population	☐	Other (please specify below)		☐	

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☐
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☐
Doctors consultation service (DCS)	☐
Doctors treatment service (DTS)	☐
Mobile doctor service (MBS)	☐
Dental service (DEN)	☐
Diagnostic and or screening service (DSS)	☒
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☐
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location		
Personal care	☐	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require nursing or personal care	☐	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require treatment for substance abuse	☐	
Registered Manager(s) for this regulated activity:		
Accommodation and nursing or personal care in the further education sector	☐	
Registered Manager(s) for this regulated activity:		
Treatment of disease, disorder or injury	☒	
Registered Manager(s) for this regulated activity:		
Assessment or medical treatment for persons detained under the Mental Health Act	☐	
Registered Manager(s) for this regulated activity:		
Surgical procedures	☐	
Registered Manager(s) for this regulated activity:		
Diagnostic and screening procedures	☒	
Registered Manager(s) for this regulated activity: Medical Director		
Management of supply of blood and blood derived products etc	☐	
Registered Manager(s) for this regulated activity:		
Transport services, triage and medical advice provided remotely	☐	
Registered Manager(s) for this regulated activity:		
Maternity and midwifery services	☐	
Registered Manager(s) for this regulated activity:		
Termination of pregnancies	☐	
Registered Manager(s) for this regulated activity:		
Services in slimming clinics	☐	
Registered Manager(s) for this regulated activity:		
Nursing care	☐	
Registered Manager(s) for this regulated activity:		
Family planning service	☐	
Registered Manager(s) for this regulated activity:		

Fill in a separate part 3 for each location

The information below is for location no.:	6	of a total of:	6	locations

Name of location	Breast Screening Unit
Address	Breast Screening Unit Sunderland Royal Hospital Kayll Road
Postcode	SR4 7TP
Telephone	0191 565 6256
Email	yvonne.ormston@nhs.net

Description of the location (The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)	
The Breast Screening Unit is based on the Sunderland Royal Hospital site. Access is through the Chester Road entrance. The building is a purpose built unit for screening and has suitable access for people with disabilities. The Trust have no overnight beds at this location. The building contains patient waiting areas, consultation rooms, toilets and reception areas. All staff are appropriately qualified for their role in accordance with regulations.	
No of approved places / overnight beds (not NHS)	N/A

CQC service user bands The people that will use this location (‘The whole population’ means everyone).						
Adults aged 18-65	☒	Adults aged 65+			☒	
Mental health	☐	Sensory impairment			☐	
Physical disability	☐	People detained under the Mental Health Act			☐	
Dementia	☐	People who misuse drugs or alcohol			☐	
People with an eating disorder	☐	Learning difficulties or autistic disorder			☐	
Children aged 0 – 3 years	☐	Children aged 4-12	☐	Children aged 13-18	☐	
The whole population	☐	Other (please specify below)			☐	

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☐
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☐
Doctors consultation service (DCS)	☐
Doctors treatment service (DTS)	☐
Mobile doctor service (MBS)	☐
Dental service (DEN)	☐
Diagnostic and or screening service (DSS)	☒
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☐
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location		
Personal care	☐	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require nursing or personal care	☐	
Registered Manager(s) for this regulated activity:		
Accommodation for persons who require treatment for substance abuse	☐	
Registered Manager(s) for this regulated activity:		
Accommodation and nursing or personal care in the further education sector	☐	
Registered Manager(s) for this regulated activity:		
Treatment of disease, disorder or injury	☐	
Registered Manager(s) for this regulated activity:		
Assessment or medical treatment for persons detained under the Mental Health Act	☐	
Registered Manager(s) for this regulated activity:		
Surgical procedures	☐	
Registered Manager(s) for this regulated activity:		
Diagnostic and screening procedures	☒	
Registered Manager(s) for this regulated activity: Medical Director		
Management of supply of blood and blood derived products etc	☐	
Registered Manager(s) for this regulated activity:		
Transport services, triage and medical advice provided remotely	☐	
Registered Manager(s) for this regulated activity:		
Maternity and midwifery services	☐	
Registered Manager(s) for this regulated activity:		
Termination of pregnancies	☐	
Registered Manager(s) for this regulated activity:		
Services in slimming clinics	☐	
Registered Manager(s) for this regulated activity:		
Nursing care	☐	
Registered Manager(s) for this regulated activity:		
Family planning service	☐	
Registered Manager(s) for this regulated activity:		

Statement of purpose

Health and Social Care Act 2008

Part 4

Registered manager details

Including address for service of notices and other documents

The information below is for manager number:	1	of a total of:	3	Managers working for the provider shown in part 1

1. Manager's full name	Mr Andrew Beeby

2. Manager's contact details	
Business address	Medical Director Trust Headquarters Queen Elizabeth Hospital
Town/city	Gateshead
County	Tyne and Wear
Post code	NE9 6SX
Business telephone	0191 482 0000
Manager's email address[1]	
andrew.beeby@nhs.net	

[1] Where the manager has agreed to service of notices and other documents by email they will be sent to this email address. This includes draft and final inspection reports on all locations where they manage regulated activities.

Where the manager does not agree to service of notices and other documents by email they will be sent by post to the provider postal business address shown in Part 1 of the statement of purpose. This includes draft and final inspection reports on all locations.

Please note: CQC can deem notices sent to manager(s) at the relevant email or postal address for service in this statement of purpose as having been served, as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents to registered managers.

3. Locations managed by the registered manager at 1 above (Please see part 3 of this statement of purpose for full details of the location(s))	
Name(s) of location(s) (list)	Percentage of time spent at this location

4. Regulated activity(ies) managed by this manager		
Personal care	☐	
Accommodation for persons who require nursing or personal care	☐	
Accommodation for persons who require treatment for substance abuse	☐	
Accommodation and nursing or personal care in the further education sector	☐	
Treatment of disease, disorder or injury	☒	
Assessment or medical treatment for persons detained under the Mental Health Act	☐	
Surgical procedures	☒	
Diagnostic and screening procedures	☒	
Management of supply of blood and blood derived products etc	☒	
Transport services, triage and medical advice provided remotely	☐	
Maternity and midwifery services	☐	
Termination of pregnancies	☒	
Services in slimming clinics	☐	
Nursing care	☐	
Family planning service	☒	

5. Locations, regulated activities and job shares

Where this manager does not manage all of the regulated activities ticked / checked at 4 above at all of the locations listed at 3 above, please describe which regulated activities they manage at which locations below.

Please also describe below any job share arrangements that include or affect this manager.

The Regulated Activities highlighted within Section Four are managed by three Executive Directors of the Trust from their base at Trust Headquarters of the Queen Elizabeth Hospital, Gateshead.

The information below is for manager number:	2	of a total of:	3	Managers working for the provider shown in part 1

1. Manager's full name	Mrs Gillian Findley

2. Manager's contact details	
Business address	Chief Nurse Trust Headquarters Queen Elizabeth Hospital
Town/city	Gateshead
County	Tyne and Wear
Post code	NE9 6SX
Business telephone	0191 482 0000
Manager's email address[1]	
Gillian.findley@nhs.net	

[1] Where the manager has agreed to service of notices and other documents by email they will be sent to this email address. This includes draft and final inspection reports on all locations where they manage regulated activities.

Where the manager does not agree to service of notices and other documents by email they will be sent by post to the provider postal business address shown in Part 1 of the statement of purpose. This includes draft and final inspection reports on all locations.

Please note: CQC can deem notices sent to manager(s) at the relevant email or postal address for service in this statement of purpose as having been served, as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents to registered managers.

3. Locations managed by the registered manager at 1 above (Please see part 3 of this statement of purpose for full details of the location(s))	
Name(s) of location(s) (list)	Percentage of time spent at this location

4. Regulated activity(ies) managed by this manager		
Personal care	☐	
Accommodation for persons who require nursing or personal care	☐	
Accommodation for persons who require treatment for substance abuse	☐	
Accommodation and nursing or personal care in the further education sector	☐	
Treatment of disease, disorder or injury	☐	
Assessment or medical treatment for persons detained under the Mental Health Act	☒	
Surgical procedures	☐	
Diagnostic and screening procedures	☐	
Management of supply of blood and blood derived products etc	☐	
Transport services, triage and medical advice provided remotely	☐	
Maternity and midwifery services	☒	
Termination of pregnancies	☐	
Services in slimming clinics	☐	
Nursing care	☐	
Family planning service	☐	

5. Locations, regulated activities and job shares

Where this manager does not manage all of the regulated activities ticked / checked at 4 above at all of the locations listed at 3 above, please describe which regulated activities they manage at which locations below.

Please also describe below any job share arrangements that include or affect this manager.

The Regulated Activities highlighted within Section Four are managed by three Executive Directors of the Trust from their base at Trust Headquarters of the Queen Elizabeth Hospital, Gateshead.

The information below is for manager number:	3	of a total of:	3	Managers working for the provider shown in part 1

1. Manager's full name	Mrs Joanne Baxter

2. Manager's contact details	
Business address	Chief Operating Officer Trust Headquarters Queen Elizabeth Hospital
Town/city	Gateshead
County	Tyne and Wear
Post code	NE9 6SX
Business telephone	0191 482 0000
Manager's email address[1]	
joanne.baxter4@nhs.net	

[1] Where the manager has agreed to service of notices and other documents by email they will be sent to this email address. This includes draft and final inspection reports on all locations where they manage regulated activities.

Where the manager does not agree to service of notices and other documents by email they will be sent by post to the provider postal business address shown in Part 1 of the statement of purpose. This includes draft and final inspection reports on all locations.

Please note: CQC can deem notices sent to manager(s) at the relevant email or postal address for service in this statement of purpose as having been served, as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents to registered managers.

3. Locations managed by the registered manager at 1 above (Please see part 3 of this statement of purpose for full details of the location(s))	
Name(s) of location(s) (list)	Percentage of time spent at this location

4. Regulated activity(ies) managed by this manager		
Personal care	☐	
Accommodation for persons who require nursing or personal care	☐	
Accommodation for persons who require treatment for substance abuse	☐	
Accommodation and nursing or personal care in the further education sector	☐	
Treatment of disease, disorder or injury	☐	
Assessment or medical treatment for persons detained under the Mental Health Act	☐	
Surgical procedures	☐	
Diagnostic and screening procedures	☐	
Management of supply of blood and blood derived products etc	☐	
Transport services, triage and medical advice provided remotely	☒	
Maternity and midwifery services	☐	
Termination of pregnancies	☐	
Services in slimming clinics	☐	
Nursing care	☐	
Family planning service	☐	

5. Locations, regulated activities and job shares

Where this manager does not manage all of the regulated activities ticked / checked at 4 above at all of the locations listed at 3 above, please describe which regulated activities they manage at which locations below.

Please also describe below any job share arrangements that include or affect this manager.

The Regulated Activities highlighted within Section Four are managed by three Executive Directors of the Trust from their base at Trust Headquarters of the Queen Elizabeth Hospital, Gateshead.

Meeting:	Trust Board
Chair:	Alison Marshall
Financial year:	2021/22 and 2022/23

	Lead	Type of item	Public/Private	Mar-23
Apologies	Chair	Standing Item	Part 1 & Part 2	√
Declaration of interests	Chair	Standing Item	Part 1 & Part 2	√
Minutes	Chair	Standing Item	Part 1 & Part 2	√
Action log	Chair	Standing Item	Part 1 & Part 2	√
Matters arising	Chair	Standing Item	Part 1 & Part 2	√
Chief Executive's Update Report	Chief Executive	Standing Item	Part 1 & Part 2	√
Cycle of Business	Company Secretary	Standing Item	Part 1 & Part 2	√
Patient & Staff Story	Company Secretary	Standing Item	Part 1	√
Questions from Governors	Chair	Standing Item	Part 1	√
Annual Declarations of Interest	Company Secretary	Item for Decision	Part 1	√
Trust Strategic Aims & Objectives	Chief Executive	Item for Decision	Part 1	√
Board Assurance Framework - approval of closing and opening position	Company Secretary	Item for Decision	Part 1	√
Board Committee Assurance Reports	Committee Chairs	Item for Assurance	Part 1	√
Corporate Objective Delivery	Company Secretary	Item for Assurance	Part 1	√
Organisational Risk Register	Chief Nurse	Item for Assurance	Part 1	√
Annual Staff Survey Results	Exec Director of People & OD	Item for Assurance	Part 1	√
Finance Report	Group Director of Finance	Item for Assurance	Part 1	√
Integrated Oversight Report	Chief Operating Officer	Item for Assurance	Part 1	√
Nurse Staffing Exception Report	Chief Nurse	Item for Assurance	Part 1	√
SIRO Report & Digital Update	Group Director of Finance	Item for Assurance	Part 1	√
Green Plan (formally Sustainable Development Management Plan)	QEF Managing Director	Item for Assurance	Part 1	√
WRES and WDES Report (6 monthly report March 23 and Sept 23)	Exec Director of People & OD	Item for Assurance	Part 1	√
Maternity Integrated Oversight Report	Chief Nurse	Item for Assurance	Part 1	√
Trust Green Plan 2022-2025 annual updates	QEF Managing Director	Item for Assurance	Part 1	√